FEASIBILITY STUDY ON THE PROPOSED

RESIDENTIAL SUBSTANCE ABUSE TREATMENT AND HEALING FACILITY

FOR ADOLESCENTS ON KAUAI

AMENDED FINAL REPORT

Submitted by

Families First Hawaii Services
June 2013

TABLE OF CONTENTS

EXECUTIVE SUMMARY

BACKGROUND

As far back as 2003, the Kauai community and its leaders recognized the need for a residential substance abuse treatment and healing facility for adolescents on Kauai. There was usually a wait list and families often could not afford the cost of treatment of programs on Oahu. Further, adolescents and their families were reluctant to have the adolescents admitted into any facility away from Kauai.

IMPACT OF SUBSTANCE ABUSE ON ADOLESCENTS

Underage drinking is a causal factor in a host of problems, including homicide, high risk sex, suicide, traumatic injury, drowning, burns, violent and property crime, fetal alcohol syndrome, alcohol poisoning, and the need for treatment for alcohol abuse and dependence.

ADOLESCENTS SUBSTANCE USE

In general, a higher percentage of adolescents in Hawaii use alcohol, marijuana, and prescription drugs. Kauai adolescents use alcohol more than any other substance and increase their use of alcohol as they progress to higher grades in school. Multi-racial and Caucasian adolescents have higher percentages of alcohol use than other ethnicities. About 5 times more males than females were referred to Fifth Circuit Juvenile Court and Probation Services for substance offenses. Yet, very few 17 year olds were accepted in the Fifth Circuit Adolescent Drug Court program. A high percentage of 18- and 19-year old felons at the Kauai Correctional Facility reported histories of substance abuse prior to incarceration and some substance abuse treatment.

DIAGNOSIS OF SUBSTANCE ABUSE DEPENDENCY

Kauai Family Guidance Center diagnosed 66 adolescents in FY2010 and 64 adolescents in FY2011 with a primary diagnosis of substance abuse. The Center also diagnosed 382 adolescents in FY2010 and 341 adolescents in FY2011 with any diagnosis of substance abuse.

POTENTIAL NUMBER OF ADOLESCENTS APPROPRIATE FOR TREATMENT ON KAUAI

Residential treatment is a very high-level, intensive service. A very small number of adolescents would benefit from this treatment. Most adolescents should receive outpatient services. Six Drug Court juveniles and 13 Community Residential placements made by the Kauai Family Guidance Center are estimated to warrant a residential treatment facility. Since relapse is part of the treatment, relapsed youth would also benefit from residential treatment. In terms of actual numbers of adolescents in a substance abuse treatment facility, there were 7 Kauai adolescents placed in the Bobby Benson Center between July 2012 and January 2013. If non-Kauai adolescents are considered for the program, the therapeutic Milieu of the residential program must be considered.

Six adolescent substance abuse treatment facilities were reviewed. Based on information on two closed facilities, referrals from professionals are very important to the success and feasibility of a facility. The effectiveness of the design and implementation of the service model is crucial to the level of vacancies in an adolescent substance abuse treatment facility.

SERVICE MODEL

The service model of the proposed adolescent treatment facility should be part of an integrated and coordinated system of substance abuse services on Kauai. Closer integration of the few programs would multiply the effectiveness of substance abuse services. The service model must prepare the adolescents to be successful adults.

THERAPEUTIC COMMUNITY MODEL AND MILIEU THERAPY

Emerging best practices suggest that the proposed adolescent treatment facilities should implement evidence-based approaches. The Therapeutic Community Model maintains that substance abuse is an outward manifestation of a broad set of personal and developmental problems in the adolescent and that successful recovery is built upon change involving the whole person--psychologically, socially, and behaviorally. The Model recognizes the extended family as primary to the adolescent's life and outcomes. Aftercare should also be available to maintain the adolescent's motivation for recovery. To meet the requirements of an effective Milieu, an adolescent residential treatment facility must be separated from outside people and other influences to provide a safe and sober environment. In addition, the Milieu should be a healing environment that speaks to the adolescent's inner self. The Milieu should include parts of the healing island environment to help adolescents to return to "sense of place". Regardless of which specific model is used, treatment for adolescents with substance use disorders works best when the services are provided and implemented with adolescents' particular needs and concerns in mind.

MALE AND FEMALE ADOLESCENTS

Due to the very low number of female adolescents estimated to require residential substance abuse treatment, it is not economically feasible to maintain a residential program for female adolescents on Kauai.

LENGTH OF STAY

Remaining in substance abuse treatment for an adequate period of time is critical for a successful intervention. The appropriate duration for an individual depends on the type and degree of his or her problems and needs. Research indicates that most addicted individuals need at least a year in treatment to significantly reduce or stop their substance abuse and that the best outcomes occur with longer durations of treatment.

STAFFING

The professional foster parents model should serve as the foundation for the 24/7 staffing requirements for the adolescent treatment facility. Three shifts of staff each day make up most of the costs for an adolescent treatment facility.

OUTCOMES FOR THE SERVICE PROVIDERS PERFORMANCE

The Service Provider should ensure that adolescents will: become engaged in treatment for a sufficient amount of time and intensity to obtain maximum therapeutic benefit; achieve abstinence from use of mood altering substances; become motivated to change alcohol/substance using attitudes and behaviors; achieve a safe, stable, and recovery-appropriate living situation; achieve positive family interactions and relationships; have no new contact with the juvenile/criminal justice system (or at least reduced contact); have a positive perception of services received; improve mental or psychological health or receive mental health care; meet school attendance and academic requirements; eliminate physical, sexual, or emotional abuse or receive appropriate trauma services; acquire and use effective relapse prevention skills; acquire and use a positive support system.

FACILITY

The facility should have 4 client bedrooms and 3 client bathrooms. The professional parents' should have a suite consisting of a bedroom, bathroom, small living area, and a kitchenette. There should be a classroom and office space. The facility cannot be a locked, secured facility but the boundaries of the facility should be fenced to maintain a safe and sober environment. The facility does not need to be in close proximity to hospitals or the Courts.

REQUEST FOR DEPARTMENT OF HEALTH BED SLOTS

Even though most of the impact of the Patient Protection and Affordable Care Act (Affordable Care Act or Obama care) remains unclear at the present time, the eligibility requirements for Medicaid are being

reduced so more families will be eligible for the Department of Health funding. Private insurance will be required to include substance abuse disorders as one of the ten elements of essential health benefits but whether residential care will be supported to the full extent of its cost is unknown at this time.

The Department of Health, Child and Adolescent Mental Health Services, provides the most sustainable funding because of the availability of state and federal Medicaid monies. Because the County's planning for an adolescent substance abuse treatment facility is out of sync with the Child and Adolescent Mental Health Division's contracting cycle for therapeutic facilities bed slots, the County should begin to negotiate for bed slots immediately. The Child and Adolescent Mental Health Division's most recent contracting cycle for therapeutic facilities bed slots began in 2011 and contracts were awarded in 2012 until 2014.

There are three ways that the County might obtain funding from the Child and Adolescent Mental Health Division for services: request new monies and new therapeutic facility bed slots; request bed slots before the Division renews the existing contracts in June 2014; or require the procured service provider to partner with either Bobby Benson Center, Marimed Foundation, or Child and Family Services to use some of their contracted bed slots.

BUSINESS MODELS AND THE FEASIBILITY OF THE BUSINESS MODELS

Maintaining the cost-effectiveness of a highly expensive service such as an adolescent substance abuse treatment facility on Kauai is difficult because only very few Kauai adolescents would be appropriate for the service. The most significant cost of a treatment and healing facility will be for services. Any business model for an adolescent substance abuse treatment facility must provide a stable revenue stream for the service provider. Community-based agencies in Hawaii have stated that they would be reluctant to bid for a service that would drain the agency's finances. The cost of operating the facilities, including

food, supplies, utilities, insurance, memberships, supervising, and providing services is estimated to be about $88,000 a month and $1,060,000 annually.

At this time, the County does not have the expertise to operate an adolescent substance abuse treatment facility and should issue a procurement to identify a qualified community-based agency to operate the facility.

Three scenarios detail the estimated costs of an adolescent substance abuse treatment facility. All scenarios assume that funding is available from the Department of Health Child and Adolescent Mental Health Division. Issues regarding the licensure, property use, and the number of persons in the house would have to be resolved under all scenarios.

Scenario 1 assumes that the County will build a new facility with a $5 million bond. This scenario considers a centralized 24/7 residential treatment center in Lihue. Regardless of vacancy rates, the County would have to pay about $320,000 just for the principal and interest of the $5 million bond for 25 years. The lag period before a new building is completed could be at least two years. The lag period may allow the County time to negotiate for bed slots from the Department of Health. However, there may be changes in the need for a facility or funding for services during the lag time. Depending on vacancy rates, the County would have to subsidize the procured service provider up to $491,824 a year. The total cost of a new building and services could total $751,824 a year. This scenario carries the highest investment costs for the County.

Scenario 2 assumes that the County will purchase and make modifications to an existing property that already has 1 or more structures for about $2.5 million. This scenario considers a smaller residential treatment facility and utilizes current service providers. Regardless of vacancy, the County would have to pay $160,000 for 25 years just for the principal and interest on the bond. With a vacancy rate of 4

youth, the County would have to subsidize the service provider with $491,824 for a total of $651,824 a year. As with Scenario 1, the same issues regarding the licensure, property use, and the number of persons in the house would have to be resolved. Most of the larger properties on Kauai are Condominium Property Regimes (CPR) which would require all members of the CPR to approve the use of the unit as an adolescent substance abuse facility. There is at least one CPR presently for sale that would meet the needs of a facility. Purchasing a house would allow the County to establish a facility sooner than building a new facility with less investment or risk. Should the facility close, the County would be able to sell or lease the property.

Scenario 3 assumes that the service provider, not the County, would be responsible for the lease of a property that rents for an estimated $5,000 a month. This scenario considers a community-based system using current providers and therapeutic living facilities. Scenario 3 would allow the County to establish a pilot program for an adolescent substance abuse treatment facility, with the least amount of investment or risk and in less time than building or purchasing a facility. The service provider would be responsible to identify and lease the house and to resolve the issues of licensure, property use, and the number of persons in the house. Finding a property to lease for an adolescent treatment facility may be difficult because landlords may be reluctant to expose their property for "troubled" adolescents. However, there may be existing service providers on Kauai who presently provide residential services to adolescents that might be interested in conducting pilot services. With 4 clients, the service provider would have a net loss of $491,824, which the County would probably have to subsidize.

COMMUNITY ENGAGEMENT

Ultimately, a neighborhood's acceptance of an adolescent substance abuse treatment facility will depend on the proposed facility itself. The County should create a development team to help design the facility and an advisory board for continued neighborhood input. The County should take the time to cultivate

authentic community engagement. Community engagement is essential to an effective implementation. and maintenance of an adolescent substance abuse treatment facility.

RECOMMENDATIONS

1. The County of Kauai should help to facilitate the integration and coordination of all services for Kauai adolescents. A continuum of care established by integrated and coordinated services must be established before an adolescent substance abuse treatment facility can be effective.

2. The County of Kauai should negotiate with the Child and Adolescent Mental Health Division of the State of Hawaii, Department of Health, for therapeutic bed slots for facility. If bed slots are not available, building, purchasing or leasing an adolescent substance abuse treatment facility will be cost-prohibitive and not feasible.

3. Assuming that therapeutic bed slots are available from the Child and Adolescent Mental Health Division of the State of Hawaii, Department of Health, the County of Kauai should establish a residential treatment and healing facility for Kauai male adolescents. The need is clear for 16 and 17 year old males and for males involved with the Court system.

4. The County should consider requiring the procured qualified service provider to lease a property that meets the requirements for a Therapeutic Community Model, including the Milieu Model, to establish a pilot substance abuse treatment and healing facility. More important than the fiscal savings over building a new facility or purchasing an existing property, the pilot program would provide the County the opportunity to ensure that a residential substance abuse treatment facility is both needed and sustainable on Kauai with less risk and expense.

5. An adolescent substance abuse treatment facility should have at least 6 to 8 beds and a suite for "professional parents". The facility should have an office area, areas for groups or family meetings, and a classroom.

6. The residential treatment and healing facility should have a program that is at least 12 months long, followed by a strong continuum of care, including aftercare and wraparound services for the adolescent and their families.

7. Ideally, the facility should be situated on more than 3 acres so that there will be a buffer between the facility and neighbors or businesses to support a clean and sober environment. Milieu Therapy should guide the design of the facility. The facility should be designed with internal and external environments that will allow youths to be free to participate fully in the treatment program and to receive healing for the whole person. A facility should have an effective barrier to create and maintain a clean and sober environment.

8. Girls who are identified with substance dependency should have a higher priority to receive Multisystemic Therapy on Kauai**.** Multisystemic Therapy (MST) works with the youth and parents on specific goals that will enable the youth to continue living at home, going to school or to work and avoiding arrest or re-arrest. Because of the low number of female adolescents, it is not feasible to build a facility for girls on Kauai.

9. The County should create a development team that includes persons who are knowledgeable about adolescent treatment facilities and experienced in the issues of the neighborhood of the facility. The County should also establish an advisory board for continued neighborhood input to maintain community acceptance.

INTRODUCTION

Today, adolescents between the ages of 12 and 17 years face different issues than their parents. Some issues, however, remain the same because teens have always struggled to fit in, to figure out who they really are, and to make decisions that might go against what their friends are doing. Older adolescence, ages 15 to 17 years old, is a developmental period marked by increased independence and decreased parental oversight. Adolescents in this age group may also begin experimenting with substances or escalate established substance use behaviors. Even experimenting with substances can turn dangerous, but there is a significant difference between experimenting and abusing alcohol and substances. Teens put their health and lives at risk when they use alcohol and substances. When they become dependent on alcohol and substances, the trajectories of their lives lead to serious hardship and pain. Unfortunately, the unique geography and relative isolation of Hawaii are not barriers for illicit substances and their effects on individuals and families.

Families First Hawaii Services, Inc. recognizes that some of the data received from state, county, and community-based agencies are dated. As with many other jurisdictions, more updated data was not available. We thank the many individuals and organizations that graciously gave their time and help to provide data and their perspectives on Kauai's need for a residential substance abuse treatment and healing facility for adolescents.

Families First Hawaii Services, Inc.
Norma Doctor Sparks, M.S.W., J.D.
Stephen A. Sparks, M.Ed., M.B.A

BACKGROUND

As far back as 2003, the Kauai community and its leaders recognized the need for a residential substance abuse treatment and healing facility for adolescents on Kauai. There were a number of substance abuse treatment residential facilities on the island of Oahu and other islands but there was usually a wait list. Some families could not afford the cost of treatment but most adolescents and their families were reluctant to have the adolescents admitted into any facility away from Kauai.

1.1 EARLY SUPPORT FOR AN ADOLESCENT TREATMENT FACILITY

In 2004, then-Mayor Bryan J. Baptiste and the Kauai County Council requested $1.6 million from the State Legislature for construction of an adolescent residential treatment facility and a transitional residential treatment facility on Kauai to keep Kauai adolescents in their home community. Later that year, Lieutenant Governor James R. "Duke" Aiona, Jr. presented Mayor Bryan J. Baptiste with a check for $560,000 to help pay for an adolescent treatment facility in Hanapepe. Private donations of $50,000 were given to the County and a scholarship program for those unable to pay for the treatment was started with a pledge of $100,000 per year. (The Garden Island, October 14, 2004)

> *"Substance abuse knows no geographical boundaries and it is the responsibility of the entire Kauai community to help resolve the dreaded epidemic of drug abuse on the island."*
>
> Mayor Bryan J. Baptiste
> The Garden Island, March 8, 2005

In March 2006, the estimated construction cost of the one-acre, drug-treatment facility was about $1.2 million. The County Council approved the revision of $365,000 in surplus and appropriated funds in the County general fund to aid in the construction costs. In addition to council-approved funds, the County Council received $560,000 from State capital-improvement funds. Another $250,000 was expected to come from private donations and pledges. The County Department of Water was also going to cover the $1.2 million cost of upgrading the water system at the old Kauai Humane Society building. (The Garden Island, March 13, 2006)

The adolescent substance abuse treatment facility was to be located on about 1.2 acres of state land that had been used by the County to operate the old Hanapepe Humane Society. A total of 16 beds were planned. The facility was expected to be self-sustaining, based on patients who would be self-paying and/or who had private insurance as well as state and federal funds for substance abuse services. (The Garden Island, October 14, 2004) Based on a preliminary building schedule, the facility was to be completed and ready for occupancy by October 2007. (The Garden Island, March 8, 2005) In 2006, the County started building the facility, Ho'omaka Hou, in Hanapepe. However, its proximity to the environmentally sensitive Salt Pond Beach Park elicited opposition from the Office of Hawaiian Affairs and other community groups. Construction was halted. (The Garden Island August 6, 2008)

In October 2010, the County of Kauai decided to use the federal monies earmarked for the planned Hanapepe adolescent residential substance abuse treatment facility for school-based substance abuse treatment programs. The County also used the monies to improve access to treatment and community counseling, including buying three modular units and passenger vans. (The Garden Island October 3, 2010)

1.2 ISENBERG SITE IDENTIFIED

In February 2011, the County announced that two sites on Grove Farm land in proximity of the

Isenberg and Kauai Gardens subdivisions in Lihue, Kauai were selected. The sites were selected because of their central location and proximity to infrastructure and other support facilities such as the hospital, the airport, and the courts. (The Garden Island, Feb 4, 2011) The residents from Isenberg Tracts and Kauai Gardens petitioned against an adolescent substance abuse treatment facility in their neighborhoods. (The Garden Island March 4, 2011) In July 2011, Mayor Bernard Carvalho Jr. identified a parcel of land adjacent to the Isenberg community for the proposed adolescent residential substance abuse treatment facility. (The Garden Island, July 27, 2011)

"By working together, we can strengthen our community and prevent negative consequences."

Mayor Bernard Carvalho Jr.
The Garden Island, February 13, 2010
.

1.3 FEASIBILITY STUDY CONTRACTED

In July 2012, the County contracted Families First Hawaii Services, Inc. to complete a feasibility study on the proposed adolescent residential substance abuse treatment and healing facility. To complete this feasibility study, Families First Hawaii Services, Inc. reviewed and analyzed data received from State, County, and private agencies. Over 75 individuals from State and County agencies, nonprofit organizations, and community members were also interviewed. (See Appendix 1, Individuals and Organizations Interviewed)

2.0 IMPACT OF SUBSTANCE ABUSE

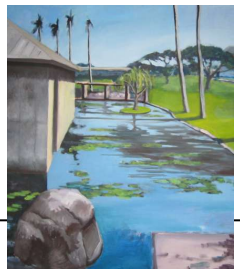
Adolescent substance abuse is a public health concern, with enormous social and financial costs to the individual, community, and society. A large amount of resources are spent to prevent and combat the increasing problem.

2.1. HEALTH, SOCIAL, AND ECONOMIC ISSUES

Tragic health, social, and economic problems often result from substance abuse by adolescents. Substance abuse is a causal factor in a host of problems, including homicide, suicide, high risk sex, traumatic injury, drowning, burns, violent and property crime, fetal alcohol syndrome, alcohol poisoning, and the need for treatment for substance abuse and dependence.

Underage drinking cost the citizens of Hawaii $300 million in 2010. Costs included medical care, work loss, and pain and suffering associated with the multiple problems resulting from underage drinking. This translates to a cost of $2,702 per year for each youth in the State or $4.27 per drink consumed by minors. In contrast, a drink in Hawaii retails for about $1.91. Excluding pain and suffering from these costs, the medical care and loss of work cost Hawaii $145 million. (Pacific Institute for Research and Evaluation 2011)

3.0 HAWAII ADOLESCENTS IN GENERAL



3.1. MORE HAWAII ADOLESCENTS USE ALCOHOL MORE THAN OTHER SUBSTANCES

In 2009, Hawaii adolescents' use of substances was compared to nationwide rates. A higher percentage of 12th graders in Hawaii used alcohol more than other 12th graders nationally. (See Table 1.) A higher percentage of Native Hawaiian and Caucasian adolescents used alcohol than other ethnicities. (See Tables 2.)

More recently, in 2012, the Youth Risk Behavior Survey Module Hawaii School Survey by the Hawaii Department of Health found that over 50% of high school adolescents had tried alcohol at some point, 15.4% reported binge drinking, and 29.1% reported being a current drinker. Female adolescents reported higher percentage rates of being a current drinker and being a binge drinker than male adolescents across the State. (See Table 3.)

TABLE 1.

A COMPARISON OF USE OF SUBSTANCES BETWEEN HAWAII AND NATIONAL ADOLESCENTS

Grade	Nationwide	Hawai‘i
Alcohol		
6th	–	15.6
8th	38.9	36.2
10th	58.3	56.5
12th	71.9	72.4
Marijuana		
6th	–	2.4
8th	14.6	12.0
10th	29.9	25.6
12th	42.6	42.2

The Hawaii Student Alcohol, Tobacco, and Other Drug Use Study: 2007-2008 (2009)

TABLE 2.

ALCOHOL USE BY HAWAII YOUTH BY GENDER, GRADE AND ETHNICITY

	Never Used		Used		Total
	n	%	*n*	%	*n*
Total	3,955	59.7	3,027	40.3	6,982
Male	1,807	62.4	1,220	37.6	3,027
Female	1,972	57.5	1,674	42.5	3,646
Grade					
6th	1,814	84.4	367	15.6	2,181
8th	1,133	63.8	717	36.2	1,850
10th	578	43.5	787	56.5	1,365
12th	430	27.6	1,156	72.4	1,586
Ethnicity					
Japanese	537	61.5	360	38.5	897
Caucasian	659	52.6	642	47.4	1,301
Filipino	1,023	63.3	684	36.7	1,707
Hawaiian	633	52.5	620	47.5	1,253

The Hawaii Student Alcohol, Tobacco, and Other Drug Use Study: 2007-2008 (2009)

TABLE 3.

ALCOHOL USE BY HIGH SCHOOL ADOLESCENTS

	Ever Drank Alcohol		Current Drinker		Binge Drinker	
	#	%	#	%	#	%
HI Pop	24,500	55.8	12,000	29.1	6,600	15.4
Male	11,400	53.0	5,200	25.8	3,000	14.3
Female	13,100	58.7	6,800	32.3	3,600	16.4

Youth Risk Behavior Survey Module, State of Hawaii, Hawaii School Health Survey (2012)

TABLE 4.

SUBSTANCES USE BY HAWAII ADOLESCENTS IN THE LAST THIRTY DAYS

Grade	Alcohol	Marijuana	Prescription Drug
6	7.8%	1.8%	1.1%
8	18.4%	7.0%	2.1%
10	28.3%	13.7%	3.6%
12	40.8%	20.5%	5.5%

The Hawaii Student Alcohol, Tobacco, and Other Drug Use Study: 2007-2008 (2009)

3.2. MARIJUANA USED SECOND AFTER ALCOHOL

In 2009, more Hawaii adolescents reported using marijuana the most after alcohol. (See Table 4.) Nearly 20% more 12th graders used marijuana than 6th graders. There was no significant difference in

the use of marijuana between males and females. A higher percentage of Hawaii Caucasian and Native Hawaiian adolescents used marijuana. (See Table 5.)

TABLE 5.

MARIJUANA USE BY HAWAII YOUTH BY GENDER, GRADE AND ETHNICITY

	Never Used		Used		Total
	n	**%**	***n***	**%**	***n***
Overall Total	5,598	82.7	1,414	17.3	7,102
Gender					
Male	2,415	82.4	621	17.6	3,036
Female	2,932	82.7	736	17.3	3,668
Grade					
6th Grade	2,115	97.6	68	2.4	2,183
8th Grade	1,594	88.0	262	12.0	1,856
10th Grade	995	74.4	375	25.6	1,370
12th Grade	894	57.8	709	42.2	1,603
Ethnicity					
Japanese	767	86.7	135	13.3	902
Caucasian	946	74.0	367	26.0	1,313
Filipino	1,489	88.9	223	11.1	1,712
Native Hawaiian	906	74.6	348	25.4	1,254

The Hawaii Student Alcohol, Tobacco, and Other Drug Use Study: 2007-2008 Report (2009).

In 2012, there was no significant difference in the use of marijuana anywhere near and at school between male and female adolescents. (See Table 6.) However, marijuana use had increased dramatically from 17% of the adolescents surveyed in 2009 to almost 22% of the adolescents surveyed in 2012. (See Tables 5 and 6.)

TABLE 6.

MARIJUANA USE BY HIGH SCHOOL ADOLESCENTS

	Ever Used Marijuana		Used Marijuana in past 30 days		Used Marijuana at school in past 30 days	
	#	%	#	%	#	%
HI Pop	15,800	36.3	9,400	21.9	3,300	7.6
Male	7,600	35.8	4,800	22.9	1,500	7.2
Female	8,100	36.8	4,600	21.1	1,700	7.8

Youth Risk Behavior Survey Module, State of Hawaii,
Hawaii School Health Survey (2012)

3.3. PRESCRIPTION DRUGS USED THIRD AFTER MARIJUANA

In 2009, about 5% of adolescents used prescription drugs without a prescription for the purpose of getting high. 12% more 12th graders than 6th graders used prescription drugs without a prescription for the purpose of getting high. Female adolescents reported a slightly higher percentage of use of prescription drugs than male adolescents. (See Tables 7 and 8.) In 2012, over 8% of Hawaii adolescents used prescription drugs without a prescription compared to 5% in 2009..

TABLE 7.

USE OF PRESCRIPTION DRUGS
BY HAWAII ADOLESCENTS IN 2009

	Never Used		Used		Total
	#	%	#	%	#
Overall Total	6,573	94.9	425	5.1	6,998
Gender					
Male	2,851	95.3	176	4.7	3,027
Female	3,434	94.7	227	5.3	3,661
Grade					
6th Grade	2,137	98.9	26	1.1	2,163
8th Grade	1,785	96.8	71	3.2	1,856
10th Grade	1,273	94.1	100	5.9	1,373
12th Grade	1,378	86.4	228	13.6	1,606
Ethnicity					
Japanese	861	95.6	42	4.4	903
Caucasian	1,173	90.8	134	9.2	1,307
Filipino	1,651	97.4	52	2.6	1,703
Native Hawaiian	1,179	94.9	79	5.1	1,258

The Hawaii Youth Alcohol, Tobacco, and Other Drug Use Study:
2007-2008 Report (2009)

TABLE 8.

USE OF PRESCRIPTION DRUGS
BY HAWAII ADOLESCENTS IN 2012

Rx Drug use without MD RX past 30 days		
	%	%
Hawaii population	4,200	8.6
Male	2,100	8.2
Female	2,100	8.9

Youth Risk Behavior Survey Module, State of Hawaii,
Hawaii School Health Survey (2012)

3.4. SUBSTANCE USE BY GENDER

In 2009, female adolescents reported a higher use of alcohol than male adolescents. (Females 42.5%, males 37.6%), and prescription drugs (females 5.3%, males 4.7%). (See Tables 2 and 7.) Comparable rates of marijuana use at anytime were found between female and male adolescents (females 17.3%, males 17.6%). The same behaviors related to marijuana use by female and male adolescents identified in 2009 continued in 2012. (See Tables 5 and 6.)

3.5. SUBSTANCE USE BY ETHNICITY

Overall, Caucasian and Native Hawaiian adolescents reported the highest rates of using substances, including alcohol, marijuana, and prescription drugs. 47.5% of Native Hawaiian, 47.4% of Caucasian, 38.5% of Japanese, and 36.7% of Filipino adolescents used alcohol most often. (See Table 2.) 26% of Caucasian and 25.4% of Native Hawaiian adolescents used marijuana at anytime in their lives at a higher rate than other ethnicities. (See Table 5.) Use of prescription drugs was reported by 9.2% of Caucasian and 5.1% of Native Hawaiian adolescents. (See Table 7.)

3.6. USE INCREASED AS ADOLESCENTS MOVED UP IN GRADE LEVELS

The percentage of Hawaii adolescents using any substance increased as the adolescents progressed up through school grade levels, creating a pattern of use of substances. In 2009, 72.4% of 12th graders used alcohol versus just 15.6% of 6th graders. In 2009, the rates for alcohol use by 6^{th} graders was 15.6%, 8^{th} graders was 36.2%, 10^{th} graders was 56.5%, and 12^{th} graders was 72.4%. This progressive pattern was repeated for marijuana. (See Tables 1 and 2.)

3.7. ANALYSIS

In general, a higher percentage of adolescents in Hawaii use alcohol, marijuana, and prescription drugs. Multi-racial and Caucasian adolescents have higher percentages of alcohol use than other ethnicities. Use of substances increased as adolescents progressed to higher grade levels.

4.0 KAUAI ADOLESCENTS' SUBSTANCE ABUSE

There is little specific data regarding Kauai adolescents and substance abuse. Although some of the data is dated, the information is assumed to be valid. Kauai County is commended for creating a database that is shared by various law enforcement agencies. Accurate data is required to implement evidence-based services and the database is a good start to track data.

4.1. KAUAI ADOLESCENTS DRANK LESS THAN ADOLESCENTS STATEWIDE

In 2003, Kauai adolescents drank alcohol daily and were drunk or high at Kauai schools less than adolescents statewide. However, more Kauai adolescents drank regularly than adolescents statewide. The median age of starting to drink regularly was the same for both Kauai and State: 14.1 years old. (See Table 9.)

TABLE 9.

ALCOHOL USE OF KAUAI ADOLESCENTS COMPARED TO STATE

Behavior Characteristics	Kauai %	State %
Daily use of any alcohol	7.6	9.1
Drink regularly	68.8	66.5
Been drunk or high in school	37.7	39.0
Mean age at first drunkenness	13.3	13.5
Mean age at starting to drink regularly	14.1	14.1

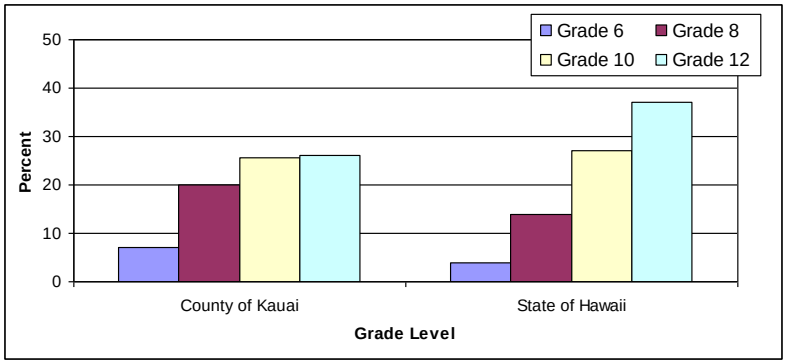
Hawaii State Department of Health, Adolescent Alcohol and Other Drug Use Survey (2003)

4.2. KAUAI ADOLESCENTS USE ALCOHOL THE MOST

In 2003, Kauai adolescents used alcohol more than any other substance. (Table 9.) As discussed in the 2008 Kauai County Epidemiological Profile for Substance Abuse, older adolescents reported higher rates of substance abuse and dependence with rates increasing progressively from 6th grade to 12th grade. Kauai 12th graders used alcohol over 3 times more than Kauai 6th graders. There does not appear to be a significant difference between 10th and 12th grader's alcohol use on Kauai. (See Figure 1.)

FIGURE 1.

USE OF ALCOHOL BY KAUAI AND HAWAII ADOLESCENTS BY GRADE LEVEL



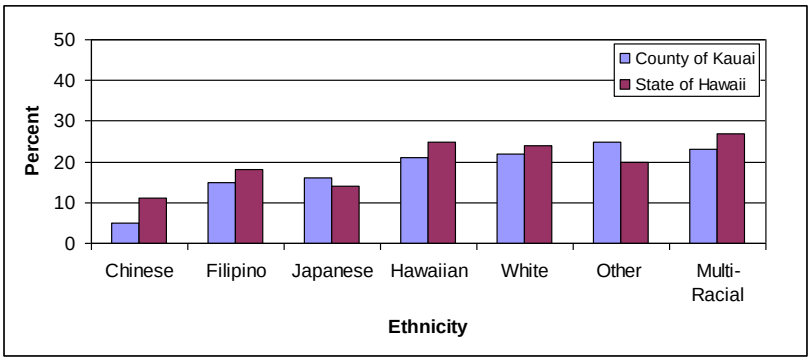
2008 Kauai County Epidemiological Profile

4.3. SUBSTANCE ABUSE AND ETHNICITY

In 2008, Multi-racial and Caucasian adolescents in Kauai County had higher percentages of alcohol use than other adolescents. (See Figure 2.)

FIGURE 2.

USE OF ALCOHOL BY ETHNICITY



2008 Kauai County Epidemiological Profile

4.4. KAUAI MALE ADOLESCENTS DRINK REGULARLY MORE THAN FEMALE ADOLESCENTS

In 2003, a higher percentage of Kauai male adolescents drank daily and regularly than female adolescents. A higher percentage of male users than female users was drunk or high at school. (See Table 10.)

TABLE 10.

ALCOHOL USE BY KAUAI ADOLESCENTS IN INTERMEDIATE AND HIGH SCHOOL BY GENDER COMPARED TO STATE

Behavior Characteristics	Kauai %	State %
Male		
Daily use of any alcohol	10.7	10.3
Drink regularly	72.8	66.4
Been drunk or high in school	39.3	40.9
Mean age at first drunkenness	13.0	13.5
Mean age at starting to drink regularly	14.1	14.2
Female		
Daily use of any alcohol	5.0	7.9
Drink regularly	64.7	66.7
Been drunk or high in school	35.5	37.2
Mean age at first drunkenness	13.4	13.5
Mean age at starting to drink regularly	14.0	14.1

Hawaii State Department of Health, Adolescent Alcohol and Other Drug Use Survey (2003)

4.5. VIOLATIONS OF KAUAI LIQUOR LAWS

Most violations of Kauai's liquor laws involved 17 year old adolescents, based on DUI arrests by Kauai police, prosecution of public consumption by the Kauai Prosecuting Attorney, and illegal liquor violations cited by the Kauai Liquor Commission. About ten 17- year olds were arrested or charged from July 1, 2011 to September 2012 for liquor law violations. Data regarding gender use was not made available. (See Table 11.)

TABLE 11.

VIOLATIONS OF KAUAI LIQUOR LAWS
BY AGE OF YOUTH

Agency	17 yrs	16 yrs	15 yrs
DUI-Police	4		
Public Possession (police)	2	2	2
Public Consumption (prosecuting attorney)	4	1	2
Illegal Liquor Violations (Liquor commission) Aggregate number for all ages			36

http://www.kauaigovonline.org/DataBank

4.6. FIFTH CIRCUIT JUVENILE SUBSTANCE-RELATED OFFENSES

In FY2012, there were 35 juvenile males involved with the Fifth Circuit Court due to substance-related offenses. The 35 males had 43 substance-related referrals. There were only 6 females involved with the Fifth Circuit Court due to substance- related offenses, or about 15% of the total minors referred. Although a certain number of juveniles committed more than one substance-related offense during the course of the fiscal year, their ages may have changed during this time. The age of the offending juvenile was counted each time an offense was committed. (See Table 12.)

TABLE 12.

AGES AND GENDER OF JUVENILES WITH SUBSTANCE-RELATED REFERRALS TO THE FIFTH CIRCUIT JUVENILE COURT

Age	12	13	14	15	16	17	Total
Male	1	1	3	9	11	10	35
Female	0	0	1	4	0	2	7
Totals	1	1	4	13	11	12	42

Statewide Juvenile Justice Information System FY2012

In FY2012, Kauai adolescents were referred most often to the Fifth Circuit Juvenile Client and Family Services Branch for Promoting a Detrimental Drug in the Third Degree (40 referrals). The next highest referrals were for Promoting a Controlled Substance In, On, or Near a School (3 referrals). (See Table 13.)

TABLE 13.

TYPES OF SUBSTANCE-RELATED REFERRALS INCURRED BY MINORS IN FIFTH CIRCUIT JUVENILE COURT AND PROBATION SERVICES

Type of Substance Related Referral	#Female Juvenile Referral	# Male Juvenile Referrals	Totals
Promoting a dangerous drug in the 3rd Degree (000715)	1	1	2
Promoting a dangerous drug in the 2nd Degree (000716)	0	1	1
Promoting a detrimental drug in the 3rd degree (000720)	4	36	40
Promoting a harmful drug in the 4th degree (000724)	0	1	1
Promoting a detrimental drug, 2nd degree, possession of (000758)	1	0	1
Promoting a detrimental drug, 2nd degree, distribution of (000759)	1	1	2
Promoting a controlled substance in, on, or near a school (000769)	0	3	3
Totals	7	43	50

Statewide Juvenile Justice Information System FY2012

4.7. FIFTH CIRCUIT ADOLESCENT DRUG COURT

The Fifth Circuit Adolescent Drug Court's acceptance of older adolescents is limited. One of the reasons for the limited acceptance is the Fifth Circuit Drug Court's focus on adults. In 2011-2012, four 17-year old males, one 16-year old male, and one 16-year old female were referred to Fifth Circuit Adolescent Drug Court. Of the six referrals, only two out of the six 17-year olds and the one female were accepted. In 2011-2012, a 17-year old male and a female and a 16-year old female completed the Drug Court program. The adolescents who use substances when participating in Drug Court face a variety of different sanctions with placement at the Detention Home or the Hawaii Youth Correctional Facility as being the most serious sanctions. Both the Detention Home and the Hawaii Youth Correctional Facility are on Oahu. In 2012, a 17-year old male did not complete the program. That youth's probation was

revoked and the youth was committed to the Hawaii Youth Correctional Facility for 225 days. Adolescents whose probations were revoked were reported to have previously received substance abuse treatment. It is unknown if the adolescents received inpatient or outpatient services. (See Table 14.)

TABLE 14.

5TH CIRCUIT ADOLESCENT DRUG COURT CASELOAD

Case Status	Age	2011-2012		September 2012	
		Male	Female	Male	Female
Referrals from Probation Services to Drug Court					
	17	4	1	1	
	16	1		2	
	15				2
Accepted by Drug Court					
	17	1	1		
	16	1		1	
	15				1
Completed Drug Court Program					
	17	1	1		
	16		1		
Did Not Complete Drug Court Program					
	18	2*		1**	
	17	1***			

* 1-No jurisdiction
* 1-Probation revoked, HYCF+ until age of majority
** 1-Probation revoked, HYCF 90 days
*** 1-Probation revoked, HYCF 225 days

5th Circuit Judiciary Adolescent Drug Court Data (2012)

4.8. KAUAI COMMUNITY CORRECTIONAL FACILITY

The Kauai Correctional Facility staff informally interviewed 13 18-year olds and 19-year olds incarcerated. Twelve of the males and one female reported that they had substance abuse problems prior to incarceration and had histories of some substance abuse treatment. The substance abuse treatment was not identified. The inmates reported using alcohol, marijuana, and methamphetamine, prescribed drugs like oxycontin and vicodin, and cocaine. All had histories of incarceration for felony crimes, including robbery, burglary, and theft. (Kauai Community Correctional Facility Informal Data October 2012)

4.9. ANALYSIS

Kauai adolescents use alcohol more than any other substance and increase their use of alcohol as they progress to higher level grades. Multi-racial and Caucasian adolescents have higher percentages of alcohol use than other ethnicities. A higher percentage of male users than female users have been identified with substance abuse. Over 5 times more males than females were referred to Fifth Circuit Juvenile Court and Probation Services for substance offenses. Yet, very few 17 year olds were accepted in the Fifth Circuit Adolescent Drug Court program. A high percentage of 18- and 19-year old felons at the Kauai Correctional Facility reported histories of substance abuse prior to incarceration and some substance abuse treatment.

Not all young people who experiment with substances develop clinical problems. In fact, some degree of experimentation with substances is technically normative; that is, most adolescents have tried alcohol or illicit substances at least once by the time they turn 18. Adolescents have special needs that differ from adults. For instance, motivation can be a special problem for adolescents. They are less likely to see their substance use as a problem and much more likely than adults to be in treatment under duress.

5.1. DEFINITION OF SUBSTANCE ABUSE

According to the Diagnostic Statistics Manual, IV edition, an individual is considered to be abusing a substance if he qualifies for one or more of the following criteria over the past 12 months: 1) repeated substance use, the outcome of which is failure to perform key duties at home, work, or school; 2) repeated substance use in circumstances in which it is physically dangerous; 3) recurring legal troubles due to substance use; and 4) maintaining substance use in spite of continuous repeated social or repeated social interpersonal troubles triggered or worsened by the effects of substance use.

5.2. HAWAII ADOLESCENTS WITH DIAGNOSIS OF SUBSTANCE ABUSE DEPENDENCE

At the State level, a higher percentage of adolescent females than males was diagnosed for abuse or dependence on substances. A higher percentage of 12th graders than other grades was diagnosed for abuse or dependence on substances. A higher percentage of Caucasian and Native Hawaiian adolescents was diagnosed for abuse or dependence on any substance. (See Table 15.)

TABLE 15.

DIAGNOSIS FOR ABUSE OR DEPENDENCE OF ANY SUBSTANCE BASED ON DSM-IV CRITERIA BY GENDER, GRADE LEVEL, AND ETHNICITY AT STATE LEVEL

	No		Yes		Total
	#	%	#	%	#
Overall Total	5,753	92.3	553	7.7	6,306
Gender					
Male	2,478	93.2	210	6.8	2,688
Female	3,023	91.7	316	8.3	3,339
Grade					
6th Grade	1,807	98.4	33	1.6	1,840
8th Grade	1,555	95.2	88	4.8	1,643
10th Grade	1,150	89.5	150	10.5	1,300
12th Grade	1,241	82.2	282	17.8	1,523
Ethnicity					
Japanese	778	94.6	49	5.4	827
Caucasian	1,040	88.5	153	11.5	1,193
Filipino	1,451	95.3	89	4.7	1,540
Native Hawaiian	999	88.9	132	11.1	1,131

The Hawai‘i Adolescent Alcohol, Tobacco, and Other Drug Use Study: 2007-2008 Report (2009).

5.2.1. TREATMENT NEEDS INCREASE IN HIGHER SCHOOL GRADES

In 2009, the Hawaii Adolescent Alcohol, Tobacco, and Other Drug Study: 2007-2008 Report provided percentages of adolescents meeting the criteria for substance use disorders overall by gender, grade and ethnicity. For treatment needs by gender, a slightly higher percentage of female adolescents (8.3%) met the criteria for abuse or dependence for any substance use. For treatment needs by grade, 1.6% of 6th graders, 4.8% of 8th graders, 10.5% of 10th graders, and 17.8% of 12th graders met the criteria

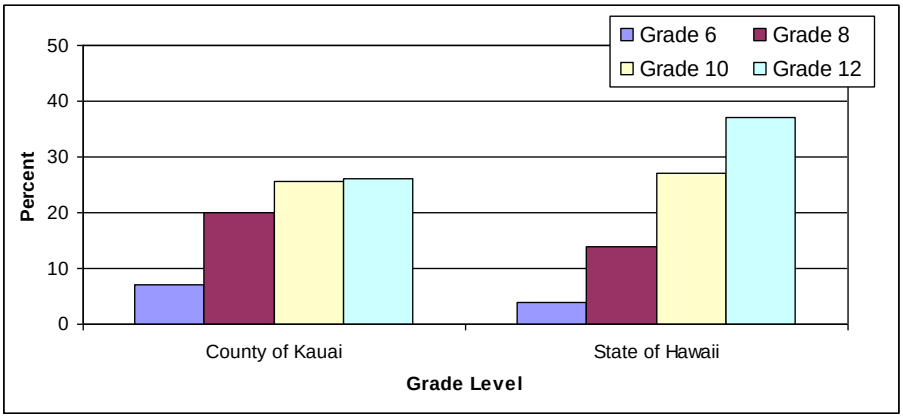
for substance abuse or dependence. As adolescents progressively increase their use of substances, treatment needs rise as adolescents move to higher grades. (See Table 15.)

5.3. ADOLESCENT ALCOHOL ABUSE AND/OR DEPENDENCY ON KAUAI

In 2008, Kauai adolescent males reported a higher percentage of alcohol dependency behaviors compared to Kauai female percentages. (See Table 10.) In 2003, 12th graders reported the highest percentage of dependency, with a slightly less rate of dependency reported by 10th graders. 6th graders reported the least percentage of dependency. (See Figure 3.)

FIGURE 3.

ALCOHOL DEPENDENCE/ABUSE AMONG CURRENT USERS BY GRADE LEVEL



Hawaii State Department of Health, Adolescent Alcohol and Other Drug Use Survey (2003)

5.3.1. ESTIMATES OF KAUAI ADOLESCENTS WITH SUBSTANCE DEPENDENCE

In 2012, diagnosis estimates for dependence and abuse indicate that over 3,000 adolescents statewide need treatment for alcohol abuse with an additional 2,227 needing treatment for substance abuse. Additionally, 3,160 adolescents statewide were estimated to require treatment for alcohol and

substance abuse, leading to a combined total of 8,426 adolescents who have either an alcohol abuse problem, substance abuse problem, or both. About 592 Kauai adolescents were estimated to require treatment for substance abuse. (See Table 16.)

TABLE 16.

ESTIMATES FOR DEPENDENCE AND ABUSE FOR ALCOHOL OR SUBSTANCE ABUSE FOR KAUAI ADOLESCENTS

	Need Treatment for Alcohol Abuse		Need Treatment for Substance Abuse		Need Treatment for Both		TOTAL	
County	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Kauai	192	3.70%	163	3.10%	237	4.50%	592	11.40%
Honolulu	1,681	2.90%	1,269	2.20%	1,678	2.90%	4,628	8.10%
Hawaii	691	5.00%	457	3.30%	765	5.60%	1,913	13.90%
Maui	475	4.70%	338	3.40%	480	4.80%	1,293	12.80%
All Public Schools	3,039	3.50%	2,227	2.60%	3,160	3.70%	8,426	<9.8%

Youth Risk Behavior Survey Module, State of Hawaii,
Hawaii School Health Survey (2012)

5.3.2. KAUAI ADOLESCENTS WITH DIAGNOSIS OF DSM-IV SUBSTANCE ABUSE ISSUES

In FY2010, the Kauai Family Guidance Center diagnosed 66 adolescents with a primary diagnosis of substance abuse and 382 adolescents with any diagnosis of substance abuse. (See Table 17.) In FY2011, the Kauai Family Guidance Center diagnosed 64 adolescents with a primary diagnosis of substance abuse and 341 adolescents with any diagnosis of substance abuse. The adolescents represented in Tables 17 and 18 include all adolescents referred from Mokihana Project. Other Family Guidance Centers also had similar numbers of adolescents with any diagnosis of substance abuse. (See Table 18.)

TABLE 17.

ADOLESCENTS DIAGNOSED WITH SUBSTANCE ISSUES BY KAUAI FAMILY GUIDANCE CENTER

	7/1/2009-6/30/10	7/1/10-6/30/11
Majority of ages	9 - 17	9 - 17
Mean ages	14.1	12.4
Primary substance diagnosis	66 youth	64 youth
Any substance diagnosis (includes primary diagnosis)	382 youth	341 youth

Kauai Family Guidance Center Fiscal Years 2010 and 2011 Annual Factbook

TABLE 18.

ADOLESCENTS DIAGNOSED WITH SUBSTANCE ISSUES BY OTHER FAMILY GUIDANCE CENTERS

	FY2010	FY2011
Majority of ages	13 - 17	9 - 17
Mean ages	14.5	12.4
Primary substance diagnosis	60 youth	57 youth
Any substance diagnosis (includes primary diagnosis)	351 youth	318 youth

Kauai Family Guidance Center Fiscal Years 2010 and 2011 Annual Factbook

5.4. OUTPATIENT SERVICES PREFERRED

The Kauai Family Guidance Center's data shows that there were over 300 adolescents who were diagnosed with substance abuse in each fiscal year in FY2010 and FY2011. It is not surprising that the number of adolescents diagnosed with substance abuse issues by the Kauai Family Guidance Center is less than estimated in either 2009 or 2012 by the Department of Health. There has been an historical gap between the need for services and access to services. The Hawaii Adolescent Alcohol, Tobacco, and other Drug Use Study 2007-2008 Report (2009) also found that 73% of the adolescents who

met criteria for substance abuse or dependence did not receive treatment.

Best practice dictates using the intensity of service that fits the acuity of the need for treatment. The existence of an array of treatment services with varying levels of care must be available for adolescents to receive the services they require. The actual range of treatment services, however, is limited by available resources and has a significant effect on the services a particular youth actually receives. When resources are unavailable, next-best choices on another level of care is necessary. Adolescents are then placed in the level of care where bed slots are available, sometimes receiving services that are inappropriate.

Because the least restrictive placement is required by federal and State policies, most of the over 300 adolescents diagnosed as having any substance issues would probably have received outpatient, school- or home-based services instead of residential treatment. Appendix 1 lists the various services available to Kauai adolescents with a diagnosis of substance abuse.

5.5. DSM-IV DIAGNOSIS REQUIRED FOR RESIDENTIAL TREATMENT PLACEMENT

To determine the possible number of adolescents who would be appropriate for placement into a residential substance abuse treatment and healing facility on Kauai, the criteria of a DSM-IV diagnosis and a treatment plan for placement in a Community-based Residential bed, versus outpatient services, must be considered. The Department of Health Child and Adolescent Mental Health Division's data is informative and provides guidance.

In 2010, 14 adolescents from Kauai were placed in Community-based Residential facilities, with an average of 4 adolescents in placement each month. In 2011, 13 adolescents from Kauai were placed in Community- based Residential facilities, with an average of 4 adolescents in placement each month. (See Table 19.) In addition, about 130 adolescents from both FY2010 and FY2011 were diagnosed with a

primary diagnosis of substance abuse. However, it is unclear whether any of these 130 adolescents required inpatient residential treatment services for their substance abuse issue versus outpatient services. (See Table 17.)

In terms of actual numbers of adolescents in a substance abuse treatment facility, between July 2012 and January 2013, there were 7 Kauai adolescents placed in the Bobby Benson Center.

TABLE 19.

OUT-OF-HOME PLACEMENTS OF YOUTH KNOWN TO KAUAI FAMILY GUIDANCE CENTER

Out of Home Care	FY2010		FY2011	
	Total Youth	Monthly Ave	Total Youth	Monthly Ave
Community high risk	2	2	2	1
Community residential	14	4	13	4
Therapeutic group home	3	1	0	0
Therapeutic foster home	31	16	20	12

Kauai Family Guidance Center Fiscal Years 2010 and 2011 Annual Factbook

5.6. NON-KAUAI ADOLESCENTS APPROPRIATE FOR A RESIDENTIAL TREATMENT

To determine whether there might be other adolescents who might benefit from a residential substance abuse treatment facility on Kauai, the other adolescents placed by other Family Guidance Centers in Hawaii should be considered. In FY2010, 175 adolescents and in FY2011, 136 adolescents were placed in Community-based Residential Facilities by other Family Guidance Centers. (See Table 20.) 60 and 57 adolescents were assessed by the other Family Guidance Centers to have a primary diagnosis of substance abuse in FY2010 and FY2011 respectively. (See Table 18.) However, the therapeutic Milieu of the residential program would be affected by the varied experiences between Kauai adolescents and adolescents from other jurisdictions. When determining whether to accept adolescents from other

jurisdictions, an assessment of the treatment needs and experiences of the adolescents at a particular time must be made. Further, the adolescents from other jurisdictions and their families would have difficulty in maintaining contact, one of the major reasons for considering establishing a Residential facility for Kauai adolescents on Kauai.

Table 20.

PLACEMENTS OF YOUTH KNOWN TO OTHER CHILD AND FAMILY GUIDANCE CENTERS IN HAWAII

	2010		2011	
Out of Home Care	Total Youth	Monthly Ave	Total Youth	Monthly Ave
Community high risk	13	8	12	8
Community residential	175	70	136	49
Therapeutic group home	67	24	39	12
Therapeutic foster home	228	121	201	108

Kauai Family Guidance Center Fiscal Years 2010 and 2011 Annual Factbook

5.7. ANALYSIS

Residential treatment is a very high-level, intensive service. A very small number of adolescents would benefit f rom this treatment. Most adolescents should receive outpatient services. Six Drug Court juveniles and the 13 Community Residential placements made by the Kauai Family Guidance Center are estimated to warrant a residential treatment facility. In terms of actual numbers of adolescents in a substance abuse treatment facility, there were 7 Kauai adolescents placed between July 2012 and January 2013 in the Bobby Benson Center. The potential number of adolescents that would relapse should also be considered.

6.0 SERVICE MODEL

The service model to treat Kauai adolescents must include a program that will prepare adolescents to be successful adults. Preparing to become an adult is incremental. The process begins in childhood and continues into the teen years and beyond. Young people generally learn key life skills, such as learning to manage money and making independent decisions, in the context of family. As young people move into adulthood, many families continue to provide emotional, social, and material support. The continuing, interdependent relationships that make up family identity are generally considered to last a lifetime. However, many families do not provide emotional, social, and material support and other supports must be created to help prepare adolescents to be productive adults. The following characteristics together predict the level of success of an adolescent to become a productive adult: preparation for life skills; minimized academic problems; completion of a high school diploma or GED before 18 years old; eligibility for scholarships for college or job training; participation in clubs and organizations for youth; not being homeless within a year of becoming an adult; and minimized use of alcohol or substances. (Casey Family Programs 2008)

6.1. TAILORING TREATMENT TO ADOLESCENTS

Treatment for adolescents with substance use disorders works best when it is provided and implemented with their particular needs and concerns in mind. Regardless of which specific model is used in treating young people (e.g., 12-Step-based programs, family therapy, therapeutic communities, and trauma-informed care); there are several points to remember when providing treatment for adolescents:

- Adolescents must be approached differently than adults because of their unique developmental issues, differences in their values and belief systems, and unique environmental considerations, such as strong peer influences.
- Not all adolescents who use substances are, or will become, dependent. Programs and counselors must be careful not to prematurely diagnose or label adolescents or otherwise pressure them to accept that they have a disease: This may do more harm than good in the long run.
- Programs should be developed to take into account the different developmental needs based on the age of the adolescent. Younger adolescents have different needs than older adolescents.
- Some delay in normal cognitive and social-emotional development is often associated with substance use during the adolescent period. Treatment for these adolescents should identify such delays and their connections to academic performance, self-esteem, and social considerations.
- In addition to age, treatment for adolescents must also take into account gender, ethnicity, disability status, stage of readiness to change, and cultural background.
- Programs should make every effort to involve the adolescent client's family, including the extended ohana, because of its possible role in the origins of the problem and its importance as an agent of change in the adolescent's environment.
- Although it may be a necessity in certain geographic areas where availability of youth treatment programs is limited, using adult programs for treating adolescents is ill-advised. If this must occur, it should be done only with great caution and with alertness to the inherent complications that may threaten effective treatment for these young people.
- Many adolescents have explicitly or implicitly been coerced into attending treatment. However, coercive pressure to seek treatment is not readily conducive to the behavior change process. Consequently, treatment providers must be sensitive to motivational barriers to change at the outset of intervention. There are several strategies suggested by Miller and

Rollnick for encouraging reluctant clients to consider behavioral change (Miller and Rollnick, 1991). Table 21 provides an overview of several of these strategies.

Table 21.

CONTRASTS BETWEEN CONFRONTATION OF DENIAL AND MOTIVATIONAL INTERVIEWING

Confrontation of denial approach	Motivational interviewing approach
Heavy emphasis on acceptance of self as having a problem; acceptance of diagnosis seen as essential for change	De-emphasis on labels; acceptance of "alcoholism" or other labels seen as unnecessary for change to occur
Emphasis on personality pathology, which reduces personal choice, judgment, and control	Emphasis on personal choice and responsibility for deciding future behavior
Therapist presents perceived evidence of problems in an attempt to convince the client to accept the diagnosis	Therapist conducts objective evaluation, but focuses on eliciting the client's own concerns
Resistance is seen as "denial," a trait characteristic requiring confrontation	Resistance is seen as an interpersonal behavior pattern influenced by the therapist's behavior
Resistance is met with argumentation and correction	Resistance is met with reflection
Goals of treatment and strategies for change are prescribed for the adolescent by the therapist; adolescent is seen as "in denial" and incapable of making sound decisions	Treatment goals and change strategies are negotiated between adolescent and therapist, based on data and acceptability; adolescent's involvement in setting and acceptance of goals are seen as vital

Miller, W.R., and Rollnick, S. *Motivational Interviewing: Preparing People to Change Addictive Behavior*1991

6.2. REVIEW OF SUBSTANCE ABUSE RESIDENTIAL TREATMENT FACILITIES

Emerging best practices suggest that adolescent treatment facilities should implement evidence-based approaches, such as cognitive behavior therapy, multisystemic therapy, behavioral therapy, Alcoholics Anonymous (AA) 12-step facilitation therapy, multidimensional family therapy, and the community

reinforcement approach. Post-treatment monitoring or aftercare should also be available to maintain the adolescent's motivation for recovery, including phone call check-ups.

Four substance abuse residential treatment facilities were reviewed. They were: Bobby Benson Center in Kahuku, Hawaii; Advent Group Ministries Summit Ranch in Morgan Hill, California; Marimed Foundation Kailana Program in Kaneohe, Hawaii; and Thunder Road Adolescent Treatment Center in Oakland, California. These four facilities were selected after consultation with the State or County responsible for substance abuse treatment services in their jurisdictions. These four facilities were selected because of their longevity and success in treating adolescent substance abuse in a residential program. In addition, two residential treatment facilities that closed on Maui and the Big Island were reviewed.

All four of the programs are substance abuse residential treatment facilities for adolescents. All have been in business for over 10 years. Most of the facilities were established in rural areas, very separated from neighbors. Later, developments occurred around the facilities but all of the facilities have focused on creating a clean and sober environment separate from the neighbors. Thunder Road in Oakland is in a semi-urban part of Oakland but is also in a residential area. All are behavioral health programs that combine individualized care and family treatment components. All have a residential Milieu program with 24/7 supervision. All programs provide educational services. Three of the programs provide occupational therapy to provide the adolescents with transferrable skills. All provide services that are integrated with the healing aspects and cultural importance of their environment to keep adolescents engaged and to strengthen their inner spirits. All have connections with supportive self-help resources such as Alcoholic Anonymous. Details on the programs are provided below:

6.2.1. BOBBY BENSON CENTER
56-660 KAMEHAMEHA HIGHWAY, KAHUKU, HI 96731

Bobby Benson Center is contracted as a Community Residential Treatment III facility by the State Department of Health. Bobby Benson Center is accredited by the Commission for Accreditation of Rehabilitative Facilities (CARF). Bobby Benson Center strives to develop in their clients a commitment to promote a substance abuse free lifestyle. Bobby Benson Center is a non-profit, private corporation owned by The Bobby Benson Foundation and has been in business since 1990.

Bobby Benson Center's mission is to free youth in Hawaii from chemical dependency and co-occurring disorders through residential treatment services, employing best practices for the youth and their families. As a behavioral health program, Bobby Benson Center combines individualized care and family treatment. In 2012, Bobby Benson Center's contract with the Department of Health was $2.6 million per year. The amounts expended from its contract in FY2011 and FY2012 have not been updated on the State Procurement's website as of April 2013. The contract allows continued payment (holds) for beds up to 7 days when the adolescent is not in the Center, either because adolescents run away or are transitioning to their families on a trial basis.

1. 8-member Board of Directors.
2. Staffing: medical director, psychiatrist, master's degree level therapists, substance abuse counselors, a licensed teacher, educational assistants, registered nurses, Milieu staff, and full administrative staff.
3. Provides services for all of Hawaii and has an ethnically diverse population of clients and staff. The Bobby Benson Center serves adolescents ages 13 to 17. 12-year old children are considered on a case-by-case basis. 18 year olds are considered if they are developmentally more suited to treatment with adolescents than adults. The Center is licensed for 28 beds, 12 female and 16 male beds. The Center provides special services for dual diagnosis; gay, lesbian, bisexual, and

transgender; pregnant girls; and teenage mothers. Admission preference is given to pregnant girls and intravenous substance abuse users.

4. The Bobby Benson Center provides substance, alcohol and nicotine screening assessments that are designed to gain an understanding of the client's substance use and behavioral health issues as well as their functioning at home, in school, and in their communities.

5. The Bobby Benson Center provides a residential treatment alternative for chemically dependent adolescents and provides them with tools to more effectively cope in society without substances or alcohol. Bobby Benson Center does not admit clients who are intoxicated, incapacitated or under the influence of alcohol and/or other substances to the degree that the client is functionally impaired. Clients requiring medical detoxification and/or medical supervision are referred to a nearby hospital for 24 to 72 hours of observation prior to admission to Bobby Benson Center. The Bobby Benson Center is a community-based social learning-model program. The design is to help break through the denial of substance abuse use, develop skills to manage the ups and downs of life, and encourage personal responsibility for actions. The Center provides recovery through improvement in the spiritual, physical and familial areas. There are five phases of treatment lasting about 5-7 months. In the Orientation phase/The Rain/Ka Ua, the adolescents demonstrate safety to self, others, and staff. In Phase I/The Sprouts/Na Kupukupu, the adolescents learn rules and expectations. In Phase II/The Buds/Na Mu'o, the adolescents learn to have good interactions and to take responsibility. In Phase III /The Blossoms/Na Liko, the adolescents help themselves and others. In Phase IV/The Branches/Na Lala, the adolescents learn independence and healthy decision-making. In Phase V/The Teacher/Ke Kumu, the youth learns to teach others and lead by example. Some unique features include: Individual, group, and family therapy, daily group counseling, evidence-based curriculum, individual therapy, life skills training, structured daily schedule, recreational therapy, a clean and substance abuse free environment, education and integration of Alcoholic and Narcotics Anonymous.

6. Adolescents attend an onsite classroom daily. They take courses that count toward their high school diploma and work toward graduation.

7. Interior and exterior spaces: Bobby Benson Center is a full service, self-contained facility. It has administrative offices, a separate kitchen and dining room where meals are cooked and served, a classroom for school and other activities, conference rooms, meeting areas and residential living facilities. Living facilities include 4 bedrooms with double occupancy in each, a restroom, a locked storeroom, and a lounge area. All dressers are secured to the wall. All loose, dangerous and personal hygiene items are locked up. The Bobby Benson Center has 13 acres but management believes that the footprint is maxed out. Management believes that it would be beneficial to have more space for administration, therapeutic facilities, group rooms, and observation rooms with two-way mirrors and recreation.

8. The facility room and area sizes are: Bedrooms are about 12'x12'; the full bathroom is about 6'x10'; living room is about 15'x15'; central kitchen is about 12'x20'; dining room is about 30'x 30'; storeroom is about 6'x10'; gazebo is 10'x10'; multi-purpose building 30'x40', and field 60' x200'.

9. Financing options and mix of resources: Self payment, private health insurance, Department of Health contracts, Quest/Medicaid, and a supportive group of facility-fundraisers.

10. Community currently accepts Bobby Benson Center.

11. The Center often has a wait list. Due to the wait list, it may be possible for the Center to refer adolescents to an adolescent treatment facility on Kauai.

12. Occupancy is reported to be about 100% and no accounts uncollectible.

6.2.2. MARIMED FOUNDATION KAILANA PROGRAM 45-021 LIKEKE PLACE, KANEOHE, HI 96744

Marimed Foundation is a nonprofit corporation with a long history of serving Hawaii and the Pacific, growing and changing to meet the needs of the communities. The Kailana Program is certified by the

Department of Health, Child and Adolescent Mental Health Division, and licensed by the Office of Health Care Assurance. Marimed Foundation was established in Hawaii in 1984. As a behavioral health program, Marimed Foundation combines individualized care and a family treatment component to address the multiple issues that contribute to substance use or abuse.

Marimed Foundation's mission is to assist youth and their families in the challenges to recover from the abuse of alcohol, substances and nicotine, and to support their growth as healthy, connected, and honorable members within their neighborhoods and communities. Marimed Foundation's Kailana Program is built on the core values of CHART which provide a framework to help youth transform and succeed in life. CHART stands for Community, Honesty, Aloha, Respect, and Teamwork.

The Kailana (calm seas) Program is a highly-structured, staff-secure, residential program for high risk Hawaii adolescents needing comprehensive treatment and education, including mental health services. Kailana combines individual, group and family therapy with educational and vocational services, ocean and land-based therapeutic and recreational activities, including sailing and ocean voyaging on *Makani Olu* (Marimed's sail training vessel), canoe paddling, agriculture, aquaculture, and culinary opportunities. In 2012, Marimed Foundation's contract with the Department of Health was $2.5 million per year. The amounts expended from its contract in FY2011 and FY2012 have not been updated on the State Procurement's website as of April 2013. The contract allows continued payment (holds) for beds up to 7 days when the adolescent is not in the Center, either because adolescents run away or are transitioning to their families on a trial basis.

1. 11-member Board of Directors
2. Staffing: child and adolescent psychiatrist, clinical psychologist, social workers, certified substance abuse counselors, teachers (including certified special education), a nurse, experiential education facilitators, and the ship's crew of licensed marine professionals.

3. Provides services for all of Hawaii and has an ethnically diverse population of clients and staff. Client Population: 16 Males only. Ages 14- 18 years old.
4. Marimed Foundation provides substance, alcohol and nicotine screening assessments for teenage boys.
5. Marimed Foundation provides a community-based residential program for at-risk Hawaii adolescents needing comprehensive treatment and education, including mental health and substance abuse services. The Kailana Program provides a home, therapy and educational services to Hawaii adolescents. The array of services includes individual psychotherapy, educational services, integrated experiential therapy and activities, substance abuse treatment, and nursing services. Kailana's ocean and land activities are integrated into all therapeutic and educational services. The program takes advantage of the cultural and historical importance of the ocean and land to Hawaii and Pacific Island families. The appeal of the ocean and 'aina help keep youth engaged and challenged. Teens attend classes on site and follow an intensive Individual Education Plan and earn DOE credits. Hands-on learning experiences complement classroom lessons. Life-skills training is a part of the curriculum. Therapeutic experiential activities include farming, swimming, Hawaiian six-man canoe paddling, small boat sailing, hiking, camping, and sports. Teens also learn to navigate and sail the ship.
6. School is taught in on-site classrooms. The program is accredited by Hawaii Department of Education. Students are in grades 8-12.
7. In addition to the Sail Training Vessel, *Makani Olu*, Kailana therapeutic experiential activities include the use of a variety of small sailing crafts, three Hawaiian six-man paddling canoes, 10 lo`i, a low ropes course, and a Hawaiian sailing canoe.
8. Interior and exterior spaces: The main facility is located on 6.5 acres in addition to an area fronting Kaneohe Bay. The residences are located on the first floor with a large room for meals and activities. There are 4 double occupancy bedrooms in each house. It consists of two houses for 8 clients each and staff. There is a large open area on the center of the campus.

Students can "blowout" in the center without disturbing the neighbors. There is also a buffer between the facility and the neighbors. There is ample space in the buildings for education, therapy and other activities.

9. The facility room and area sizes: 4 bedroom about 10'x10'; staff room 10'x10', central kitchen 10'x12', multipurpose room 30'x40', second floor classroom 30'x30', offices for staff for conferences and staff work 30'x30'. Both houses have rooms and areas the same size.
10. Financing options and mix of resources: Self payment, private health insurance, Medicaid-Quest, Department of Health contracts, and a supportive group of facility-fundraisers.
11. Community currently accepts Marimed Foundation.
12. Reciprocity between the proposed adolescent treatment facility and Marimed might be possible. Marimed has and will accept Kauai adolescents who are assessed to be appropriate for services provided by Marimed. At this time, however, Marimed is not at full capacity and referrals have been low.
13. Occupancy usually 85% and no accounts uncollectible.

6.2.3. SUMMIT RANCH
1200 WEST EDMUNDSON AVENUE, MORGAN HILL, CA 95037

Summit Ranch is a licensed residential recovery program that specializes in adolescents with substance and alcohol addictions. Summit Ranch is certified as a Level 12 (out of 14 levels of care) Alcohol and Drug Program by the State of California and licensed by the State of California Department of Social Services, Community Care Licensing. Summit Ranch strives to develop in their clients a commitment to lasting recovery. Summit Ranch is a faith-based, non-profit, social services Agency serving at-risk children and their families since 1985. Founded initially as a residential treatment program for adolescents, the Ranch now includes an outpatient recovery program for teens, a comprehensive family counseling center, and a refuge for women with children. Summit Ranch's mission is to transform lives

by bringing hope and healing to troubled, abused and addicted people through quality treatment. As a behavioral health program, Summit Ranch combines individualized care and family treatment.

1. 11-member Board of Directors.
2. Staffing: psychiatrist, marriage and family therapists, licensed nurses, case managers, social workers, live-in resident counselors, child care workers, senior counselors, a home supervisor, and full administrative staff.
3. Provides services for all of northern California and has an ethnically diverse population of clients and staff. Client Population: 6 females, ages 13-18. No males. Teen mothers program. Accepts pregnant teens. Special needs and GLBTQ teens evaluated for fit with the existing population. Accepts females mostly from County Department of Probation, so consent is not an issue.
4. Summit Ranch provides substance, alcohol and nicotine screening assessments, based on the guidelines of the American Society of Addiction Medicine Patient Placement Criteria. Assessments are designed to gain an understanding of the client's substance use and behavioral health issues as well as their functioning at home, in school, and in their communities.
5. Summit Ranch provides a residential treatment alternative for chemically dependent adolescents and provides them with tools to more effectively cope in society without substances or alcohol. Summit Ranch uses a nearby hospital for medical detoxification and provides social detoxification. The Ranch provides recovery through improvement in the spiritual, physical and familial areas. The mental health model is trauma-informed treatment. There are five phases of treatment lasting a total of 9-12 months. Phase I takes approximately 6-8 weeks when the adolescents attend daily on-site and off-site 12-step meetings. Phase II is Contemplation when the adolescents focus on learning how to deal with the ambivalence of change and assess the pros and cons of their behavior choices. Phase III is "Ready to Change" or "Preparation", when the adolescents learn strategies to change their behavior. Phase IV is called "Action", when the adolescents learn how to recover and how to avoid lapses. Phase V, the final phase, is called

"Maintenance", when the adolescents learn how to get back on the road to sobriety if and when the adolescents relapse. While the minors are focusing on their substance abuse recovery, they are also learning social skills by living with other adolescents in a therapeutic Milieu. Adolescents and their families also receive family therapy sessions so that family issues can be addressed. Some unique features include: gender specific treatment, daily group counseling, evidence-based curriculum, individual therapy, life skills training, structured daily schedule, recreational therapy, a clean and substance abuse free environment, education, and integration of Alcohol and Narcotics Anonymous.

6. Youth attend a year-round alternative school run by the Santa Clara County Office of Education in San Martin, California, away from the facility.

7. Equine program at a nearby horse ranch. Beginning with mini-ponies, the girls learn how to clean and groom the animals. As they progress through the program, they graduate to caring for larger animals and eventually learn to ride. The program teaches responsibility, rewards positive performance, and provides a unique opportunity to learn a new skill while enjoying time with the horses.

8. Interior and exterior spaces: Facility is located on an acre lot on a rural road. A high row of hedges separates the facility from the road. The front yard has a volleyball court in one section. There are numerous trees on the property. The facility has three buildings: the main house; a second building that houses offices, a back-up kitchen, and a gym; and a third pre-fabricated building with a large room where residents can spend time in the evenings, have meetings, or use the computers with internet access under supervision. There is a swimming pool and a barbeque pit behind the main house. The living room, dining area, recreation room, kitchen, bedrooms, laundry area, and utility and storage closets are all located in the main house. There are three resident bedrooms. Each room has two twin beds and dressers are secured to the wall. All loose, dangerous and personal hygiene items are locked up. There is only one resident bathroom. There are two bedrooms and a bathroom for the Resident Counselors and half bath

adjacent to the gym. The living room is furnished with two couches, a television, and a bookcase. The dining area has a large wooden table and seats eight comfortably. The kitchen's refrigerator was stocked with food. Additional food and emergency supplies are kept in a locked pantry. A weekly menu is posted on the refrigerator door. Cleaning supplies are kept in a locked utility closet.

9. The facility room and area sizes are: Bedrooms are about 12'x12'; the bathrooms are about 6'x10'; the ½ bathroom is about 4'x7'; living room is about 15'x20'; kitchen is about 10'x10'; 2nd kitchen about 8'x12'; dining room about 8'x10'; storeroom about 8'x10'; gym about 40'x60'; and pool area about 18'x24'.

10. Financing options and mix of resources: Self payment, private health insurance, Medicaid, State financed insurance, Santa Clara County Department of Alcohol and Drug Services contracts, and a supportive group of facility-fundraisers.

11. Community currently accepts Summit Ranch.

12. Since the program is on the mainland, referral to a Kauai facility is not an option for either referral or acceptance of clients.

13. Occupancy is usually about 94% and no accounts uncollectible.

14. Summit Ranch would like more acreage and better funding specifically for substance abuse treatment.

6.2.4. THUNDER ROAD ADOLESCENT TREATMENT CENTER 390 - 40TH STREET OAKLAND, CA 94609

Thunder Road Adolescent Treatment Center offers both inpatient and outpatient programs and is accredited by the Commission on Accreditation of Rehabilitative Facilities (CARF). As a behavioral health program, Thunder Road combines individualized care and a family treatment component to address the multiple issues that contribute to substance use or abuse.

Thunder Road is owned by Sutter Health and is associated with Alta Bates Summit Medical Center. Sutter Health is one of the nation's leading not-for-profit networks of community-based health care providers, delivering high-quality care in many states. Sutter Health supports acute care hospitals; medical research facilities; physician organizations; regionwide home health, hospice and occupational health networks; and long-term care centers. In Hawaii, Sutter owns and runs Kahi Mohala. Kahi Mohala provides comprehensive behavioral health care services for patients experiencing emotional or behavioral problems that interfere with daily functioning in work, family, social and/or school settings. Individuals may be experiencing difficulty with certain mental health diagnoses. Thunder Road's mission is to assist youth and their families in the challenges to recover from the abuse of alcohol, substances and nicotine, and to support their growth as healthy, connected, and honorable members within their neighborhoods and communities. Their operating principles include Innovation and Change; Leadership in Treatment Techniques; Dedication to Employees; Accessibility of Treatment Services; Fair Cost of Treatment Services; Balancing the Interests of Constituents; Diversity and Cultural Competency; Ethical Responsibilities; and Recovering Community.

1. 11-member Board of Directors, 7-member Community Advisory Board, and 1 Parent Alumni Contact.
2. Staffing: psychiatrists, a pediatrician specializing in adolescent medicine, licensed social workers and marriage and family therapists and licensed nursing staff.
3. Provides services for all of northern California and has an ethnically diverse population of clients and staff. Client Population: Up to 40 (12 female beds and 28 male beds). Ages 13-18.
4. Thunder Road provides substance, alcohol and nicotine screening assessments, based on the guidelines of the American Society of Addiction Medicine Patient Placement Criteria. Assessments are designed to gain an understanding of the client’s substance use and behavioral health issues as well as their functioning at home, in school, and in their communities.

5. Thunder Road attempts to stay on the cutting edge of new treatment techniques and programs and incorporates them into their service delivery. Clients in this program stay between 6 and 12 months, and are referred through the probation department or social services for placement. Embedded in the residential Milieu program is a day treatment program that offers a comprehensive set of group and individual therapy to address behavioral health issues. Art therapy is provided by an artist. Clients in this program work with a clinician who oversees their course of treatment, and provides one-on-one sessions and multi-family groups. Treatment plans are individualized, and youth and families remain active in developing and maintaining their recovery plans. Adolescents also take a leadership role in the community and earn passes home as part of the reunification phase of treatment. Families actively participate in the program.

6. School is taught by 3 teachers in on-site classrooms. Program is accredited by Alameda School District. Students are in grades 8-12

7. The facility has a culinary program that provides an opportunity for adolescents to gain real-life experience by catering meetings and events. This provides transferable skills into the food industry, including catering, restaurants and bakeries. The experience builds self-confidence, self-reflection, leadership and transformation in clients' growth and personal development.

8. Interior and exterior spaces: Facility is a two-story building with a main entrance that is locked to entry, but not for exiting. There is a front waiting room that is open to the public. There are separate wings for male and female clients. Bedrooms are shared with 2 clients each. Dressers are secured to the wall. There is a bathroom in each bedroom. All loose, dangerous items, such as sharp items are kept locked. There are separate lounges for males and females. There are locker rooms, storage areas, clinical areas, sickroom, classrooms, observation rooms, dining room, commercial kitchen, common living area, space to meet with family, interior and exterior recreation, lounge areas, offices, and staff housing.

9. The facility room and area sizes: Bedrooms about 10’x10’; bathroom about 6’x12’; lounge area about 12’x20’’; kitchen including pantry areas about 30’x40’; dining room about 30’x40’.
10. Financing options and mix of resources: Self payment, Private health insurance, Medicaid, State-financed insurance and a supportive group of facility-fundraisers.
11. Community currently accepts Thunder Road.
12. Reciprocity is not possible because of the long wait list. Since the program is on the mainland, referral to Kauai facility is not an option. Further, since another Sutter Health facility, Kahi Mohala, is located in Hawaii, referrals may be given to Kahi Mohala (although Kahi Mohala does not treat clients who have substance abuse as a primary diagnosis)..
13. Occupancy usually 75% and no accounts uncollectible.

6.2.5. CLOSED ADOLESCENT RESIDENTIAL TREATMENT PROGRAMS IN HAWAII

Two closed programs were reviewed: Maui Youth and Family Services, Inc. and Marimed Foundation – Big Island. The lesson from the review of these closed programs is that even if a building is built or the program is the only one on the island, referrals to the program are not necessarily made. In interviews with Kauai professionals, they confirmed that they would not refer adolescents to programs that were perceived as ineffective.

6.2.5.1. MAUI YOUTH AND FAMILY SERVICES, INC.

The primary purpose of the Substance Abuse Residential Program, Ho`omaka Hou - "A New Beginning", was to provide adolescents who were experiencing problems associated with substance abuse. It was an adolescent residential substance abuse treatment center in Maui County. Ho`omaka Hou provided an alternative to adolescent residential substance abuse treatment off Maui. According to the Department of Health Contracts Office and a representative of the Agency, this contract was closed due to low referrals. It should be noted that Maui Youth and Family Services was awarded the contract to operate the proposed

adolescent residential treatment facility on Kauai in 2006. The County later withdrew the contract because construction was halted.

6.2.5.2. MARIMED FOUNDATION KAILANA PROGRAM – BIG ISLAND

Marimed Foundation Kailana Program established services on the Big Island. The Kailana (calm seas) Program was a highly-structured, staff-secure, residential program for high risk Hawaii adolescents needing comprehensive treatment and education, including mental health services. According to the Department of Health Contracts Office and a representative of the Agency, this contract was closed due to low referrals.

6.3. PREVENTION, INTERMEDIATE, AND RESIDENTIAL SERVICES FUNDED ON KAUAI

In FY2013, about $3,339,658 was funded for prevention, intermediate, and residential services for substance abuse services. Of the $3,339,658, $2,584,970 was allocated for statewide programs. Only $754,688 was allocated specifically for Kauai in substance abuse services. It is unclear how much of the statewide services were specifically allocated to Kauai. Including services that were funded statewide, there were 11 nonprofit agencies that were contracted for specific substance abuse services. Comparing FY2012 funds with FY2013, Kauai substance abuse services were increased 184% more in FY2013 over FY2012. (See Table 22)

Table 22.

2013 CONTRACTS SPECIFICALLY IDENTIFIED AS SUBSTANCE ABUSE TREATMENT

Funder	Provider	Type of Service	Service Description	Amount FY 2012	Amount FY2013
DHS- 0YS	Coalition Drug Free *	**Prevention**	Substance abuse prevention	45,000	**60,000**
ADAD	Boys & Girls Club**	**Prevention**	Substance abuse prevention	0	**415,000**
ADAD	Alu Like	**Prevention**	Substance abuse prevention	205,000	**205,000**
COK-HA	Women in Need	**Prevention**	Substance abuse prevention	20,000	**25,000**
Total Substance Abuse Prevention Services				270,000	**705,000**
COK-HA	Love the Journey	**Aftercare**	Case management relapse prevention	28,100	**20,084**
DOH-CAMHD	Hale Kipa	**Aftercare**	Intensive in-home therapy	0	**200,000**
DOH-CAMHD	HI Behavioral Health	**Aftercare**	Intensive in-home therapy	0	**200,000**
Total Aftercare Services Available				28,100	**420,084**
ADAD	Hina Mauka**	**Intermediate**	Community-based outpatient	291,000	**336,000**
ADAD	Hina Mauka**	**Intermediate**	School-based outpatient	480,994	**1,773,970**
ADAD	Child and Family	**Intermediate**	Pregnant and parenting women	89,524	**89,524**
Total Intermediate Services Available				861,518	**2,199,494**
DHS-OYS	Hale Opio	**Residential**	Emergency Shelter	14,560	**15,080**
Total Residential Services Available				14,560	**15,080**
All Substance Abuse Treatment Services Contracted				1,174, 178	**3,339,658**
FY2013 Services increase 184%					**$2,165,480**

* Services to be provided Statewide
**Services to be provided on Oahu and Kauai

State Contracts Awarded to Kauai Agencies for Adolescent Services FY 2012 and 2013, Procurement Office

6.3.1. POSSIBLE ADDITIONAL SUBSTANCE ABUSE PREVENTION AND AFTERCARE SERVICES

A review of non-substance abuse specific contracts for possible prevention services awarded for Kauai showed that 3 government agencies were awarded funds for services that could be characterized as prevention and aftercare services. Most aftercare services mirror prevention services and these aftercare services could be a part of the continuum of care for substance abuse treatment. Service costs for intermediate or residential services are higher and the effectiveness of interventions is also reduced as an adolescent's dependency on alcohol or substances increases. The 9 agencies including Boys and Girls Club; Child and Family Services; Circles of Light, Hale Opio; Kauai Team Challenge; Circles of Light; Kauai County – Mayor's office; ABA Positive Support; and Aptitude Habilitation were awarded contracts of $250,338. Further, comparing FY2012 and FY2013 funding, Kauai received 57% less than FY2012 or -$331,174. (See Table 23.)

Table 23.

POSSIBLE SUBSTANCE ABUSE TREATMENT SERVICES
FOR PREVENTION AND AFTERCARE SERVICES

Branch	Provider	Type of Service	Service Description	Amount FY 2012	Amount FY2013
COK-HA	Boys and Girls Club	**Prevention**	Ho'omau Hui Cultural Learning Project 2013		**16,338**
DHS-OYS	Boys and Girls Club	**Prevention**	Positive youth development	29,688	**0**
DHS-OYS	Boys and Girls Club	**Prevention**	Positive youth development	52,500	**70,000**
DHS-OYS	CFS	**Prevention**	Positive youth development	37,500	**50,000**
DHS-OYS	Circles of Light	**Prevention**	Positive youth development	33,000	**44,000**
DHS-OYS	Hale Opio	**Prevention**	Positive youth development	52,500	**70,000**
DHS-OYS	Kauai Team Challenge	**Prevention**	Positive youth development	17,813	**0**
DHS-OYS	Circles of Light	**Prevention**	Positive youth development	17,813	**0**
DHS-OYS	County-Mayor	**Prevention**	Community prevention program	80,698	**0**
DOE-Spec	ABA Positive Support	**Prevention**	Paraprofessional support services	160,000	**0**
DOE-Spec	Aptitude Habilitation	**Prevention**	Paraprofessional support services	100,000	**0**
Total Prevention Services for Possible Additional Prevention and Aftercare Substance Abuse Services				581,512	**250,338**
				FY2013	**Services reduced 57%** **-$331,174**

State Contracts Awarded to Kauai Agencies for Adolescent Services FY 2012 and 2013,
State Office of Procurement

6.3.2. POSSIBLE ADDITIONAL SUBSTANCE ABUSE INTERMEDIATE SERVICES

A review of non-substance abuse specific contracts for possible intermediate services awarded for Kauai intermediate services showed that 9 agencies were awarded these contracts. The 9 agencies including Child and Family Services; Hale Kipa; Hale Opio; Hawaii Behavioral Health; Parents and Children Together; Kauai Economic Opportunity; Kauai Prosecuting Attorney; Women in Need; and the YWCA were awarded contracts totaling $1,400,172. Further, comparing FY2012 and FY2013, Kauai received 43% less in FY2013 than FY2012 or -$1,066,575. (See Table 24.)

Table 24.

POSSIBLE SUBSTANCE ABUSE TREATMENT SERVICES
FOR INTERMEDIATE SERVICES

Branch	Provider	Type of Service	Service Description	Amount FY 2012	Amount FY2013
DHS-Soc Svcs	CFS	**Intermediate**	Title IV-B Family Center Services	151,391	**0**
DHS-Soc Svcs	CFS	**Intermediate**	Independent Living	47,250	**0**
DHS-OYS	Hale Kipa	**Intermediate**	Community-based outreach and advocacy for at-risk youth and families	15,000	**0**
DHS-OYS	Hale Kipa	**Intermediate**	Outreach and advocacy	48,750	**65,000**
DHS-OYS	Hale Kipa	**Intermediate**	Alternatives to detention	150,000	**150,000**
DOH-CAMHD	Hale Kipa	**Intermediate**	Comprehensive behavioral health	71,500	**0**
DOH-CAMHD	Hale Opio	**Intermediate**	Comprehensive behavioral health	628,700	**0**
DOH-CAMHD	HI Behavioral Health	**Intermediate**	Comprehensive behavioral health	440,770	**0**
DOH-CAMHD	PACT	**Intermediate**	Multisystemic therapy	392,115	**392,115**
DHS-OYS	Hale Opio	**Intermediate**	Truancy prevention	45,000	**60,000**
DHS-OYS	Hale Opio	**Intermediate**	Intensive independent living	118,830	**132,600**
DOH-CAMHD	Hale Opio	**Intermediate**	Intensive independent living skills	0	**200,000**
JUD-5th Circuit	Hale Opio	**Intermediate**	Family counseling	7,000	**7,000**
JUD-5th Circuit	Hale Opio	**Intermediate**	Victim impact classes	16,000	**16,000**
COK-HA	Kauai Econ Opp	**Intermediate**	Homeless barrier removal	36,442	**0**
DOH-CAMHD	PACT	**Intermediate**	Functional family therapy	0	**238,763**
JUD-5th Circuit	PACT	**Intermediate**	Family visitation center	19,000	**22,000**
DHS-OYS	Prosecuting Attorney	**Intermediate**	Graduated sanctions		**18,694**
DHS-OYS	Prosecuting attorney	**Intermediate**	Teen Court for first-time youth	15,685	**0**
DHS-OYS	Hale Opio	**Intermediate**	Teen Court	5,000	**5,000**
COK-HA	Women in Need	**Intermediate**	Case Management	22,500	**25,000**
COK-HA	YWCA	**Intermediate**	Reintegration counseling		**20,000**
DHS	YWCA	**Intermediate**	Intra family sex abuse treatment	187,814	**0**
JUD-5th Circuit	YWCA	**Intermediate**	Domestic violence	48,000	**48,000**

Branch	Provider	Type of Service	Service Description	Amount FY 2012	Amount FY2013
Total Intermediate Services for Possible Additional Intermediate Substance Abuse Treatment Services				**2,466,747**	**1,400,172**
				FY2013 Services reduced 43%	**$1,066,575**

State Contracts Awarded to Kauai Agencies for Adolescent Services FY 2012 and 2013,
State Office of Procurement

6.3.3. POSSIBLE ADDITIONAL SUBSTANCE ABUSE RESIDENTIAL SERVICES

A review of non-substance abuse specific contracts for possible residential services awarded for Kauai residential services showed that 3 agencies including Hale Opio, Hawaii Behavioral Health, and Maui Youth and Family Services were awarded these contracts. A total of $1,420,250 was awarded in FY2013, an increase of 2900% or $1,372,940 more. (See Table 25)

Table 25.

POSSIBLE SUBSTANCE ABUSE TREATMENT SERVICES FOR RESIDENTIAL CARE SERVICES

Branch	Provider	Type of Service	Service Description	Amount FY 2012	Amount FY2013
DOH-CAMHD	Hale Opio	**Residential**	Therapeutic crisis home	0	**50,250**
DOH-CAMHD	Hale Opio	**Residential**	Transitional family home/respite home	0	**685,000**
DOH-CAMHD	HI Behavioral Health	**Residential**	Transitional family home/respite home	0	**685,000**
DHS-OYS	Maui Youth and Family	**Residential**	Community-based residential	31,280	**0**
DHS-OYS	Hale Opio	**Residential**	Community-based residential	390	**0**
DHS-OYS	Hale Opio	**Residential**	Community Based residential	15,640	**0**
Total Residential Services for Possible Additional Substance Abuse Residential Services				47,310	**1,420,250**
				FY2013 Services increase 2900%	**$1,372,940**

State Contracts Awarded to Kauai Agencies for Adolescent Services FY 2012 and 2013, Procurement Office

6.4. SERVICE INTEGRATION REQUIRED

The service model of an adolescent treatment facility should be based on the integration of existing substance abuse services on Kauai. Service integration refers to the process of merging separate clinical and other services to meet the individual's substance abuse, mental health, and other needs. The overall vision of an integrated system is to effectively serve adolescents with substance abuse issues, no matter where they enter the system. Service integration has two levels: 1) integrated programs are changed within an entire Agency that help practitioners provide integrated treatment and 2) integrated treatment at the individual-practitioner level and includes all services and activities. Services integration means providing at a minimum: integrated screening for mental and substance use disorders; integrated assessment; integrated treatment planning; integrated or coordinated treatment; and integrated continuing care or aftercare. Integration in a county-wide continuum of care for substance abuse might operate at a variety of levels.

6.4.1. LACK OF INTEGRATION OF SERVICES ON KAUAI

Kauai services do not appear to be integrated in screening and services of adolescents. For example, Alcohol and Drug Abuse funded Alu Like, Boys and Girls Club, and Hina Mauka for prevention services. The Office of Youth Services funded Boys and Girls Club, Child and Family Services, Circles of Light, Coalition for Drug Free Hawaii, and Hale Opio programs. Although these agencies received funding from just two government agencies to provide prevention services on Kauai, the agencies and government funders have not worked to integrate and coordinate their programs after grant monies were given out. Because there are few community-based agencies involved in prevention, integration of services should be possible. The agencies appear to provide their services in silos, with little attempts to integrate their services through either regular meetings, consolidated screening tools, and transitional services to higher level services. Close integration of programs would multiply the effectiveness of the prevention services for substance abuse. Further, the present system will not provide the services required for adolescents with dependency issues. (See Table 26.)

Table 26.

2013 STATE AND COUNTY CONTRACTS
BY NONPROFIT AGENCIES

Agency	Government Agency	Services	FY2013 $
Alu Like	Alcohol and Drug Abuse Division	Prevention	**205,000
Boys and Girls Club	Alcohol and Drug Abuse Division; Office of Youth Services; County of Kauai	Prevention; Learning Project; Positive Youth Development	*501,338
Child and Family Services	Office of Youth Services;	Positive Youth Development;	139,524
Circles of Light	Office of Youth Services	Positive Youth Development	44,000
Coalition for Drug Free Hawaii	Office of Youth Services	Substance Abuse Prevention	**60,000
Hale Kipa	Child and Adolescent Mental Health Division; Office of Youth Services	In-home therapy; Outreach and Advocacy; Alternatives to Detention	415,000
Hale Opio	Child and Adolescent Mental Health, Office of Youth Services; Judiciary 5th Circuit	Positive Youth Development; Independent Living Skills; Truancy Prevention; Family Counseling; Victim Impact classes; Teen Court; Emergency Shelter; Therapeutic Crisis Home; Traditional family home/respite home	1,240,930
Hawaii Behavioral Health	Child and Adolescent Mental Health	In-home Therapy; Transitional Family Home/Respite Home	885,000
Hina Mauka	Alcohol and Drug Abuse Division	Community-based Outreach; School-based Outreach	*2,109,970
Love the Journey	County of Kauai	Case Management;	20,084
Parents and Children Together	Child and Adolescent Mental Health Division; Judiciary 5th Circuit	Multisystemic Therapy; Functional Family Therapy; Family Visitation Center	652,878
Prosecuting Attorney	Office of Youth Services	Graduated Sanctions	18,694
Women in Need	County of Kauai	Prevention; Case Management	50,000
YWCA	Judiciary 5th Circuit; County of Kauai	Domestic Violence	68,000
		FY 2013 Total	**6,410,418**

*Some Services to be provided on Kaua'i and O'ahu
**Services to be provided statewide

TABLE 27.

SUMMARY OF STATE AND COUNTY CONTRACTS FY2012 AND FY2013

Services on Kauai	FY2012	FY2013
Total Specifically Substance Abuse Treatment Services	1,174,178	**3,339,658**
Total Possible Additional Services	3,095,569	**3,070,760**
Total of All Service Contracts Available for Substance Abuse Treatment Services	4,269,747	**6,410,418**
FY2013 Services increase 50%		**$2,140,671**

State Contracts Awarded to Kauai Agencies for Adolescent Services FY 2012 and 2013, State Office of Procurement

6.5. MODEL OF INTEGRATION: MOKIHANA PROJECT AND HINA MAUKA TEEN CARE

6.5.1. MOKIHANA PROJECT

The Mokihana Project on Kauai is a model of long-standing excellent integration of two different State agencies: the State Department of Education and the Department of Health services. Mokihana services are based on the integrated team's determinations of what each student needs in order to benefit from his or her education. Mokihana provides for the full array of school-based behavioral health services which include functional behavioral assessments and behavioral support plans, mental health assessments, psychiatric medication evaluation, medication management, individual, group and family therapy, education planning (IEP/MP) participation, and school consultation. Mokihana also provides for the full array of Intensive Mental Health Services through the Kauai Family Guidance Center. These services include psychosexual assessments, intensive home and community-based residential programs and hospital-based residential services. Mokihana provides for substance abuse treatment services through procured contracts with Bobby Benson Center and Marimed Foundation among others. Intensive mental

health services are implemented for adolescents whose complex needs extend beyond their school-based educational program and whose community and home environments require additional specific supports. These services are implemented so that these youth may achieve a moderate degree of emotional and behavioral stability, and benefit from their educational program more fully. Because Mokihana staff are located on campus, they facilitate consistency, visibility, accessibility of services and provide support for both staff and students alike.

6.5.2. HINA MAUKA

Hina Mauka, a nonprofit Agency, provides outpatient and case management services for substance abuse treatment in schools on Oahu and Kauai. Teen CARE is Hina Mauka's school-based adolescent treatment program, in which middle school and high school students receive outpatient substance abuse treatment during the school day on campus. Treatment includes individual and group process, counseling, clean and sober recreational activities, and healthy role modeling. A goal of treatment is to have adolescents abstain from alcohol or substance use. Adolescents are encouraged to reflect on their behaviors and begin to take responsibility for the choices they are making in their lives and the consequences that follow. The program's objective is to model healthy communication and teach skills that will make life work for them so that adolescents will stay in school, stay away from illegal activity, give and accept respect, and learn that it can be safe and healthy to trust. Each person is provided with an assessment of his unique situation. Some adolescents will be recommended for residential treatment, while for others outpatient treatment may be the best approach. Because Hina Mauka staff are located on campus, they facilitate consistency, visibility, accessibility of services and provide support for both staff and students alike.

6.5.3. INCREASED INTEGRATION BETWEEN MOKIHANA AND HINA MAUKA

Both Hina Mauka, a private nonprofit, and Mokihana, government agencies, provide school-based services at the same Kauai schools in close coordination and partnership. While the programs are operating well separately, there could be some improvement in their services if they were more

integrated. For example, the two programs could consider integrating their different assessment tools so that both programs screen or assess for substance abuse treatment, mental health needs, and other follow-up services simultaneously, instead of sequentially. The two programs could also review their consent forms for adolescents and their caretakers so that the sharing of information between the two programs might be more comprehensive, while at the same time following federal and state laws on the confidentiality of substance abuse services. In addition to maximizing the two programs, the integration would also increase the consolidation of the continuum of care between State (or County) agencies and community-based nonprofits and vice versa.

6.6. SERVICES MODEL OF PROPOSED RESIDENTIAL TREATMENT FACILITY

No research proves that children fare better in congregate facilities than family care and some studies have shown the outcomes are worse. What's more, institutional placements are three to five times the cost of family-based placements. (Annie E. Casey Foundation 2008) Based on the research, many jurisdictions have provided 12 year olds with intensive outpatient services instead of residential congregate care. Whether a centralized 24/7 residential treatment center in Lihue or a smaller residential treatment facility and utilizes current service providers, the following service model applies.

6.6.1. HAWAII CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM PRINCIPLES

In 1993, a Task Force convened under the State of Hawaii Department of Health, Child and Adolescent Mental Health Division (CAMHD) established the following Child and Adolescent Service System Program (CASSP) Principles:

1. The system of care will be child and family centered and culturally sensitive, with the needs of the child and family determining the types and mix of services provided.
2. Access will be to a comprehensive array of services that addresses the child's physical, emotional, educational, recreational and developmental needs.

3. Family preservation and strengthening along with the promotion of physical and emotional well being shall be the primary focus of the system of care.
4. Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.
5. Services which require the removal of a child from his/her home will be considered only when all other options have been exhausted, and services aimed at returning the child to his/her family or other permanent placement are an integral consideration at the time of removal.
6. The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that each child can move throughout the system in accordance with his/her changing needs, regardless of points of entry.
7. Families or surrogate families will be full participants in all aspects of the planning and delivery of services.
8. As children reach maturity, they will be full participants in all aspects of the planning and delivery of services.
9. Early identification of social, emotional, physical and educational needs will be promoted in order to enhance the likelihood of successful early interventions and lessen the need for more intensive and restrictive services.
10. The rights of children will be protected and effective advocacy efforts for children will be promoted.

6.6.3. THERAPEUTIC COMMUNITY MODEL

The proposed residential substance abuse treatment and healing facility should be based on the Therapeutic Community Model. This model would apply to all three models: centralized 24/7 center, community-based system, or a model that combines a smaller residential facilities and utilizes current service providers. The Therapeutic Community Model meets the developmental needs of adolescents

ages 13-17 with substance abuse and other co-occurring mental health and behavioral disorders. (SAMHSA Phoenix House 2007.)

6.6.4. THERAPEUTIC COMMUNITY MODEL HOLISTIC CHANGES: PSYCHOLOGICAL, SOCIAL, AND BEHAVIORAL

The Therapeutic Community Model maintains that substance abuse is an outward manifestation of a broad set of personal and developmental problems in the adolescent and that successful recovery is built upon change involving the whole person--psychologically, socially, and behaviorally. The Model recognizes the extended family as primary to the adolescent's life and outcomes. The Model is centered on the adolescent and encourages and models respect, responsibility, empowerment and loyalty to the community, family, and cultures. Participants learn to embrace honesty, focus on effective living in the present moment (rather than in the past), accept personal responsibility for their own actions, develop a strong work ethic, and adhere to a strict moral code known as right living. The process for change is behavioral social learning, which takes place in a community of supportive peers and staff who model and support the rehearsal of effective behaviors. Each residential member earns status promotions and other privileges by complying with program rules and expectations and demonstrating specific behaviors toward attaining treatment goals, such as attending school. Behavior that deviates from the community's sober-living norms results in sanctions or loss of previously earned privileges. During treatment, adolescents progress through treatment phases with increasing program privileges and responsibilities. Days are highly structured, with most waking hours spent in school, community meetings, lectures, groups, individual and family counseling, community service, aftercare services, and recreation. Participants are also trained and helped to give back to the community through volunteer work or job placement.

6.6.5. THE PHOENIX HOUSE ACADEMY MODEL FOR THERAPEUTIC COMMUNITY

A proven model of a Therapeutic Community is the Phoenix House Academy. This Therapeutic Community Model is listed in the Substance Abuse Mental Health Services Administration's National Registry of Evidence-Based Programs and Practices. Since 1980, Phoenix House Academy has been implemented in 11 residential community facilities in 7 States including California, Massachusetts, New Hampshire, New York, Rhode Island, Maine, and Texas. To date, approximately 20,275 adolescents have participated in and completed the Phoenix House Academy treatment program. The programs have been partially or fully funded by the National Institutes of Health. The programs have been evaluated in comparative effectiveness research studies.

The Phoenix House model offers a strengths-based treatment continuum for teens with substance abuse and co-occurring mental health problems. Phoenix House offers a range of services based on a comprehensive assessment of risks and protective factors in each teen's life, their family and the community in which they live. The program integrates teens into a substance-free environment and provides intensive substance abuse and mental health treatment. The structured regimen and Therapeutic Community Model meet the needs of adolescents with a primary substance use disorder and those with mental health disorders through assessment, case management, individual and group counseling, education, recreation, and intensive family services. Case reviews determine treatment duration. Movement through the program may be accelerated based on an individual's progress. The services also include aftercare referrals.

Because the adolescents' substance abuse affects the entire family, including the extended family of relatives and close friends, family members are involved in all phases of the continuum of care, from counseling and therapy to parent/family education seminars to educational workshops. The extended family is also involved in the decision-making and treatment plans.

6.6.7. ON-SITE EDUCATION AND OCCUPATIONAL TRAINING

The Phoenix House model has an educational and occupational training model that is designated a model program by the U.S. Department of Justice. The model is also listed as an educational model in the Substance Abuse and Mental Health Services Administration. The on-site education program provides opportunities for higher education and careers. The core curriculum is coordinated with the adolescents' home school and includes social studies, science, language, arts, and mathematics. A trade or technical training program is partnered with a community college. Additional services include: art therapy; opportunities to work with horticultural experts; and writing and recording music in professional on-site music studios. Cultural and recreational activities include yoga, karate, and meditation classes.

6.6.8. MILIEU THERAPY IS A COMPONENT OF THE THERAPEUTIC COMMUNITY

The Hawaiian concept of Lokahi, balance or harmony, requires that the physical, mental, and spiritual parts of a person are all in harmony before a person is healthy. In traditional Hawaiian culture, healing for the physical body cannot occur without setting right any problems within the mental or spiritual realm. Harmony is not limited to just the physical body. Harmony includes the environment surrounding a person, relationships with others, particularly family members, ancestors and god(s), as well as mental and emotional states. The concept of Milieu, the environment around a person, is the western equivalent of Lokahi.

Milieu is a component of the Therapeutic Community. The quality of the Milieu is very important to the adolescents' healing and health. The goal is that everything within the adolescent's environment is therapeutic. The Milieu must provide sufficient space for the facility to provide a safe and sober environment. The Milieu must be conducive to the adolescents' learning about themselves. The Milieu must feel safe to the adolescents. The Milieu must make it easier for the adolescents to share their problems and be open about themselves, including being very loud during this process. The Milieu must allow the adolescents to be by themselves and to be able to meditate quietly, away from the other

adolescents or staff.

To meet the requirements of an effective Milieu, an adolescent residential treatment facility must be separated from outside people and other influences. When a facility is located on land less than 3 acres and in close proximity to other populated areas, outside influences and people have easier access to the adolescent participants. The necessity of a safe and sober environment is then compromised and the effectiveness of the adolescent residential treatment facility is greatly reduced.

In addition, the Milieu should be a healing environment that speaks to the adolescent's inner self. Most, if not all, adolescents living on Kauai identify with the natural environment around them. The sites, features, natural resources, and even the rain that surround them have given them a "sense of place". In the traditional Hawaiian context, all forms of the natural environment – from the skies and mountain peaks, valleys to the shore line and ocean – are part of their culture. The *'aina* (land), *wai* (water), kai (ocean), and lewa (sky) are the foundation of life and the source of the spiritual relationship between the Hawaiian people and their environment. (Pukui 1983) Even though they may have different ethnicities and cultures from traditional Hawaiians, children who grow up in today's Hawaii are influenced by traditional Hawaiian values. The island environment is a healing force and a rock outcrop, a pool of freshwater, a forest grove, an ocean wave, a mountain, or a small hill is a part of the spiritual relationship between the adolescents and their environment. (Maly 2001) The Milieu of the program should include parts of the healing island environment to help adolescents to return to "sense of place".

6.9. GENDER MIX IN FACILITY

Maintaining a mix of males and females in a facility is very demanding on staff, especially in a small facility. There were almost three times as many Kauai males than females who were identified as being dependent on substances.

6.10. LENGTH OF STAY

Remaining in substance abuse treatment for an adequate period of time is critical for a successful intervention. The appropriate duration for an individual depends on the type and degree of his or her problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their substance abuse and that the best outcomes occur with longer durations of treatment. (SAMHSA News, Volume X1, Number 2, Spring 2003)

Recovery from substance abuse addiction is a long term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to substance abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because adolescents often leave treatment prematurely, best practices require programs to include strategies to engage and keep patients in treatment.

To determine the probable length of stay of youth in a residential treatment facility, there are four major sources of information that should be considered. The first is the Child and Adolescent Mental Health Division's policy on the authorizations of placements. The second is data from the Kauai Family Guidance Center's Annual Reports on the length of stay of Kauai adolescents in residential placement. The third is the report from the State of Hawaii Department of Health to the federal Mental Health National Outcome Measures. The fourth is information on emerging best practices on the length of treatment from the Substance Abuse and Mental Health Services Administration.

6.10.1. AVERAGE 4 MONTHS IN COMMUNITY-BASED RESIDENTIAL FACILITIES

The Child and Adolescent Mental Health Division pays for services for adolescents who are placed in Community-based Residential Facilities. The adolescents must have a mental health diagnosis, not solely substance abuse dependency, and in need of a structured program that cannot be provided through

outpatient services. Presently, only Bobby Benson has a contract with CAMHD specifically for substance abuse inpatient treatment services as a Community-Based Residential Facility. Community-based Residential Facilities provide 24/7 days a week treatment and supervision in a safe and therapeutic environment. The facilities provide social, psychosocial, educational, and rehabilitative services, including treatment of family functioning and reintegration. Community-based Residential Facilities may be specialized, but all programs must treat mental health and substance abuse symptoms. The Division allows a length of stay of at least 3 months up to 5 months. Continued placement is possible after 5 months with reauthorization by the Department of Health's Branch Utilization Review Team. The Child and Adolescent Mental Health Division also pays half of the daily rate for a bed hold up to seven days when adolescents run away or up to five days when adolescents are released for a therapeutic pass, including a family visit. (CAMHD Rate Schedule 2012) In addition to Community Residential Facilities, the Department of Health contracts for Therapeutic Foster Homes services. The Department of Health stopped contracting group home services a few years ago. Across all possible placements contracted, the average number of days for Kauai adolescents placed by the Kauai Family Guidance Center in FY2010 was 99 days or just over 3 months. (See Table 28.)

Table 28.

Number of Days in Different Placement Settings For Kauai Youth

	Community Residential Facilities	**Therapeutic Group Home**	**Therapeutic Foster Home**
FY2010			
Number Days/ Months (rounded)	99 days/ 4 months	51 days/ 2 months	170 days/ 6 months
FY2011			
Number Days/Months (rounded)	107 Days/ 4 months	85 Days/ 3 months	179.5 Days/ 6 months

FY2010 and FY2011 Annual Factbook
Child and Adolescent Mental Health Division, State of Hawaii

6.10.2. AVERAGE 5 MONTHS IN RESIDENTIAL TREATMENT CENTER

Reviewing data from another source, the Hawaii 2011 Mental Health National Outcome Measures, the average days for a child's placement in a residential treatment center in Hawaii was 152 days or just over 5 months. If in a facility one year or less, the average days for a child's placement in a residential treatment center was 133 days or about 4 and a half months. If in a facility more than a year, the average days were 579 days or about 19 and a third month. (See Table 29.)

Table 29.

Length of Days in Hawaii Residential Treatment And Other Facilities

Setting	Discharged Children		Children in Residential Facility 1 year or less		Children in Residential Facility more than 1 year	
	Average Days	Median Days	Average Days	Median Days	Average Days	Median Days
Other Inpatient	18	18	91	70	—	—
Residential Treatment Centers	152/5 months	164	133/4.4 months	119	579/19.3 months	455

Hawaii 2011 Mental Health National Outcome Measures: CMHS Uniform Reporting System

6.10.3. EMERGING BEST PRACTICE: ONE YEAR NEEDED FOR RECOVERY

The Substance Abuse Mental Health Services Administration sponsored the Adolescent Treatment Models Project to identify promising programs that focused on adolescents at ten sites. Although the project is not completed, the project found that for adolescents in residential programs, substance abuse tended to drop off quickly and then start climbing again. Adolescents in outpatient treatment did not have that kind of dramatic short-term reduction but instead reduced use gradually. However, the Project found that all the adolescents — whether in short-term residential, long-term residential or outpatient treatment — ultimately achieved a similar level of recovery at the 1-year point. (SAMHSA News, Volume X1, Number 2, Spring 2003)

6.10.4. AFTERCARE REQUIRED

The Adolescent Treatment Models Project found that complete recovery is not a realistic goal without intensive aftercare. Although most family members and policymakers hope for zero substance use post-treatment, substance abuse should be considered a chronic disease, rather than an acute problem, and adolescents should be expected to move in and out of recovery. (SAMHSA News, Volume X1, Number 2, Spring 2003) Remaining in substance abuse treatment for an adequate period of time is critical for a successful intervention.

6.11. STAFFING REQUIREMENTS

The staffing for an adolescent treatment facility is guided by Hawaii Revised Statutes 321 Department of Health and Hawaii Administrative Rules 11-177 Certification Standards for Substance Abuse Counselors and Program Administrators and 11-98 for Minimum Standards of Licensure – Special Treatment Facility.

The professional foster parents model provides a nurturing and supportive environment in a family setting. The professional foster parents would be part of a multidisciplinary team to help support the mental health and behavioral needs of the children. The rest of the multidisciplinary team would include (1FTE) Administrator; (1FTE) Administrator Support; (1FTE) Program Director/Social Worker III; (2FTE) Certified Substance Abuse Counselors; (5FTE) Youth Counselors; (1FTE) Professional Parents; (0.5FTE) Nurse Practitioner; (1FTE) Cook; (1FTE) Cook's helper; and (1FTE) Recreation/Skills Counselor. Other staff would be independent contractors: (0.5FTE) Medical Director/Psychiatrist; (0.5FTE) Psychologist; (0.5FTE) Dietician; and (1FTE) Grounds maintenance. A half-time Educator (special Education IV) will hopefully be provided by the State Department of Education. Should the Department of Education not be able to provide the position, the facility will have to add a half-time educator to the list of independent contractors. The staffing for the Adolescent Treatment Facility

requires 3 8-hour shifts of youth counselors. The professional parents will also require time off but individually, the parents may provide night coverage.

6.12. LICENSING AND INSURANCE REQUIRED

The service provider must meet the personnel licensing and licensure of service requirements under Hawaii Administrative Rules, Department of Health, Title 11. The service provider's staff must also meet the certification of the Department of Health, Alcohol and Drug Division (ADAD) which certifies substance abuse counselors and program administrators and substance abuse facilities. The service provider may also be a member of the following accreditation organizations: Council on Accreditation for Children and Family Services; Council on Accreditation or COA, which was founded by Child Welfare League of America and Family Service America now the Alliance for Children and Families; Joint Commission on Accreditation of Healthcare Organizations (JCAH) which is recognized nationwide as an accrediting body for health care facilities; Council on Accreditation of Rehabilitation Facilities (CARF); International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (IC&RC/AODA), a voluntary international organization comprised of substance abuse credentialing boards.

The service provider must obtain the following insurance: Insurance for Comprehensive Liability, Workers Compensation and $1,000 insurance for volunteers; Commercial General Liability on an occurrence basis against claims for personal injury including bodily injury and death in the amount of $1,000,000 per occurrence and property damage including loss of use in the amount of $2,000,000 general aggregate; Business Auto mobile Liability covering liability arising out of automobile owned, hired or non-owned in the minimum amount of $1,000,000; Worker's Compensation, worker's comprehension at the statutory limit and employer's liability insurance at the rate of $1,000,000 bodily injury for each accident, $1,000,000 bodily injury for each accident, $1,000,000 bodily injury by disease for each employee and $1,000,000 bodily injury disease aggregate.

6.13. ADOLESCENT PROGRAM PERFORMANCE AND OUTCOME MEASURES

6.13.1. PROGRAM PERFORMANCE

To ensure that the program will be effective, the program's performance should include the following:

1. Assessment and treatment matching

   Programs should conduct comprehensive assessments that cover psychiatric, psychological, and medical factors; learning disabilities; family functioning; and other aspects of the adolescent's life.

2. Comprehensive, integrated treatment approach

   The adolescent's problems should be addressed comprehensively (medical, psychiatric, family, and environmental) rather than concentrating solely on curtailing substance abuse.

3. Extended family involvement in treatment

   The adolescent and family should be engaged from the beginning of services. Maintaining close links with the adolescent's family, home, school, and where necessary, the juvenile justice system throughout treatment will ensure greater success in treatment.

4. Developmentally appropriate program

   Due to the unique and rapid development that occurs during adolescence, it is important that substance abuse programs be specifically designed for adolescents rather than merely modified adult programs.

5. Unconditionally engage and retain teens in treatment

   The program should engage and retain adolescents in treatment and build a climate of trust among the adolescent, therapists, and other staff. The program's therapists and staff should have the skills and experience to work with the adolescents' behaviors to retain the adolescents in the program. The program should not use Detention Home, Hawaii Youth Correctional Facility, and other non-program placements to work with the adolescent behaviors.

6. Qualified staff

Staff should be trained in adolescent development, co-occurring mental disorders, substance abuse, and addiction.

7. Gender and cultural competence

   Programs should address the distinct needs of male and female adolescents well as differences among ethnicities and cultures.

8. Continuing care (aftercare)

   Programs should include relapse prevention training; aftercare plans and services; referrals to community resources such as social services, employment counseling, housing; and follow-up.

9. Treatment outcomes

   Rigorous evaluation is required to measure success, target resources, and improve treatment services.

10. Evidence-based treatments

    Program should use evidence-based treatments including those that address, for example, trauma, attachment disruption, and mood disorders.

(See Appendix X, Example of Contract, Substance Abuse Provider Scope of Services)

6.13.2. ADOLESCENT PROGRAM OUTCOMES

Substance Abuse Mental Health Services Administration identified the following outcomes for adolescent treatment facilities. Adolescents will:

1. Become engaged in treatment for a sufficient amount of time and intensity to obtain maximum therapeutic benefit.
2. Achieve abstinence or reduced use of mood altering substances.
3. Become motivated to change alcohol/substance using attitudes and behaviors.
4. Achieve a safe, stable, and recovery-appropriate living situation.
5. Achieve positive family interactions and relationships.
6. Have no new contact with the juvenile/criminal justice system (or at least reduced contact).

7. Have a positive perception of services received.
8. Improve mental or psychological health or receive mental health care.
9. Meet school attendance and academic requirements.
10. Eliminate physical, sexual, or emotional abuse or receive appropriate trauma services.
11. Acquire and use effective relapse prevention skills.
12. Acquire and use a positive support system.

6.14. FACILITY, FURNISHINGS, AND EQUIPMENT

6.14.1. HOUSE

The house should have 4 client bedrooms and three bathrooms. Each client bedroom will have two beds, dressers, and desks. The living room will have couches, a large-screen television, and storage space for books and indoor recreational equipment. A suite consisting of a bedroom, bathroom, small living area, and a kitchenette will serve as the professional parents' home. Lockable built-in cabinets for medicine and personal items should be part of the house interior design. The house should have wireless internet connections.

6.14.2. KITCHEN AND LAUNDRY EQUIPMENT

A commercial kitchen that meets the State of Hawaii, Special Use Facility standards will be established. Equipment will include a set of commercial pots and pans, commercial range with a fire suppression system, commercial refrigerators, an ice machine, freezers, dishwasher, mixers, and a microwave/ convection oven. Lockable built-in cabinets should be part of the kitchen interior design. The laundry room should have two commercial washers and dryers.

6.14.3. CLASSROOMS

There should be a classroom with eight student workstations and one teacher workstation. Each

workstation will be equipped with a laptop and a secure docking station and networked to a shared printer. Each workstation will have sufficient desk space in addition to the secure docking station. The workstations will be networked to a shared printer.

6.14.4. OFFICE

There should be an office space with 4 networked workstations for staff. There should be a networked telephone system to support the office, conference room, and throughout the facility. Commercial shredder, copy/fax/scanner printer, fire proof safe, lockable fire-proof file cabinets and storage cabinets should be part of the office space.

6.14. OTHER

The program cannot be a secured, locked facility. The doors may be alarmed. The boundaries of the property should be fenced as much as possible to ensure a safe and sober environment. The fence should not be used to keep the adolescents on the facility grounds. The fence should be used to ensure a safe and sober environment and to separate the facility from the public.

Two 12-passenger vans and a 6 passenger vehicle should be provided.

6.15. ANALYSIS:

The service model to treat Kauai adolescents must include a program that will prepare adolescents to be successful adults.

The service model of the proposed adolescent treatment facility should be based on the integration of existing substance abuse services on Kauai. Service integration refers to the overall vision of an integrated system that will effectively serve adolescents with substance abuse issues, no matter where they enter the system. Integration of services is more important now because fewer monies are available to Kauai for all services. Closer integration of programs would multiply the effectiveness of substance abuse services. The agencies appear to provide their services in silos, with little coordination to integrate

their services. Because there are fewer community-based agencies on Kauai, integration of services should be possible.

Emerging best practices suggest that the proposed adolescent treatment facilities should implement evidence-based approaches, such as cognitive behavior therapy, multisystemic therapy, behavioral therapy, Alcoholics Anonymous (AA) 12-step facilitation therapy, multidimensional family therapy, and the community reinforcement approach. Post-treatment monitoring or aftercare should also be available to maintain the adolescent's motivation for recovery, including phone call check-ups. Regardless of which specific model is used, treatment for adolescents with substance use disorders works best when the services are provided and implemented with adolescents' particular needs and concerns in mind.

An adolescent substance abuse treatment facility should be based on the Therapeutic Community Model. The Therapeutic Model maintains that substance abuse is an outward manifestation of a broad set of personal and developmental problems in the adolescent and that successful recovery is built upon change involving the whole person--psychologically, socially, and behaviorally. The Model recognizes the extended family as primary to the adolescent's life and outcomes. The Model is centered on the adolescent and encourages and models respect, responsibility, empowerment and loyalty to the community, family, and cultures. Milieu Therapy is a major component of the Therapeutic Community and is important to the adolescents' healing and health. Milieu Therapy requires that everything within the adolescent's environment is therapeutic. To meet the requirements of an effective Milieu, an adolescent residential treatment facility must be separated from outside people and other influences to provide a safe and sober environment. In addition, the Milieu should be a healing environment that speaks to the adolescent's inner self. The Milieu should include parts of the healing island environment to help adolescents to return to "sense of place".

Male adolescents were identified as being dependent on substance more than 3 times as female adolescents. Female adolescents should be provided with multisystemic therapy, an intensive outpatient service. If needed, female adolescents may be sent to Bobby Benson Center and Marimed Foundation on Oahu. While not optimal, the number of female adolescents requiring residential substance abuse treatment is not sufficient to maintain a program on Kauai. Female adolescents from other jurisdictions should not be included in the Kauai residential program just to support the facility. Adolescents outside of Kauai have different life experiences and will have an impact on the facility's Milieu. Maintaining a mix of males and females in a facility is very demanding on staff, especially in a small facility, and additional staff would be required.

Remaining in substance abuse treatment for an adequate period of time is critical for a successful intervention. The appropriate duration for an individual depends on the type and degree of his or her problems and needs. Research indicates that most addicted individuals need at least a year in treatment to significantly reduce or stop their substance abuse and that the best outcomes occur with longer durations of treatment. Because adolescents often leave treatment prematurely, best practices require programs to include strategies to engage and keep patients in treatment. Intensive aftercare must be provided because substance abuse should be considered a chronic disease, rather than an acute problem.

The professional foster parents model should serve as the foundation for the 24/7 staffing requirements for the adolescent treatment facility.

The Service Provider will ensure that adolescents will: become engaged in treatment for a sufficient amount of time and intensity to obtain maximum therapeutic benefit; achieve abstinence use of mood altering substances; become motivated to change alcohol/substance using attitudes and behaviors; achieve a safe, stable, and recovery-appropriate living situation; achieve positive family interactions and relationships; have no new contact with the juvenile/criminal justice system (or at least reduced contact);

have a positive perception of services received; improve mental or psychological health or receive mental health care; meet school attendance and academic requirements; eliminate physical, sexual, or emotional abuse or receive appropriate trauma services; acquire and use effective relapse prevention skills; acquire and use a positive support system.

The facility should have 4 client bedrooms and 3 client bathrooms. The professional parents' should have a suite consisting of a bedroom, bathroom, small living area, and a kitchenette. The kitchen and laundry equipment should be commercial grade and support the 24/7 program. There should be a classroom and office space. The facility cannot be a locked, secured facility but the boundaries of the facility should be fenced to maintain a safe and sober environment. The facility does not need to be in close proximity to hospitals or the Courts.

7.0 BUSINESS MODEL

In 2006, Kauai County issued a Request for Proposal in which the County proposed that it would build a facility and furnish the facility in exchange for a service provider to provide adolescent residential substance abuse treatment services. The County would not pay any fee to the service provider for the services. The service provider would not pay any fee to Kauai County for the use of the facility. The County of Kauai took responsibility for any repairs to the exterior structural potion of the premises while the service provider would be responsible for costs related to the program, insurance, utilities, and maintenance and repairs or replacement of the equipment. Kauai County expected that the service provider would obtain operating funds through client funding including private insurance, Department of Health, direct client payment, grants and other methods as appropriate.

Today, the County and community-based service providers are facing the challenge of managing and responding to adolescents' substance abuse needs in an environment of rapid, dramatic fiscal change.

7.1. THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (OBAMACARE)

Under the Patient Protection and Affordable Care Act (Affordable Care Act or OBAMACARE) that will be effective in January 2014, more families will qualify for federal funding due to changes in the financial eligibility for Medicaid. However, other changes to the Medicaid program are not clear and all States are awaiting clarification on Medicaid funding.

The changes to Medicaid may affect the State of Hawaii's ability to provide funding of adolescent

substance abuse services, including adolescent treatment facilities. The Affordable Care Act includes substance use disorders as one of the ten elements of essential health benefits. Health plans will be required to provide the same benefits for substance dependency and disorders as medical conditions. Because these benefits would be included in health insurance packages, more health care providers will be able to offer and be reimbursed for these services, resulting in more individuals having access to treatment. The specific substance abuse services that would be covered are currently being determined by the federal Department of Health and Human Services, and the Department will take into account evidence about what services allow individuals to get the treatment they need and help them with recovery.

Even though the Affordable Care Act will require private insurance to expand its coverage of substance abuse services, at this time, the extent of coverage for inpatient substance abuse treatment for adolescents is unclear. Further, all insurance plans have limitations in the type of services and the length of period of covered services and this is not expected to change. Families also may not be able to afford the deductible for expensive inpatient treatment.

7.2. STATE CAPITAL-IMPROVEMENT FUNDS

In 2006, Kauai County Council received $560,000 State capital-improvement funds for the construction of an adolescent substance abuse treatment facility. The County could request capital-improvement funds from the State again for construction costs. However, funds for services would still be required.

7.3. DOH/CAMHD COMMUNITY-BASED RESIDENTIAL CONTRACTS

The Child and Adolescent Mental Health Division provides some funding for substance abuse treatment residential services for adolescents. In 2006, Child and Adolescent Mental Health Division awarded a total of 382 bed slots at the start of the contract period. The number of bed slots was reduced because some of the community-based agencies dropped the contract or the Division discontinued the contract due

to a lack of referrals. Group home services were discontinued in FY2010, in part because research has shown that aggregate or congregate care does not provide good outcomes for adolescents. (Email from CAMHD Contract Management Section, September 24, 2012.) This research is also a reason why the Alcohol and Drug Abuse Division of the State Department of Health no longer funds group homes.

7.3.1. CAMHD'S SUSTAINABLE BUT LIMITED FUNDING FOR SERVICES

The Child and Adolescent Mental Health Division's funding for adolescent substance abuse treatment facilities provides the most sustainable funding because of the availability of federal Medicaid monies. The Office of Youth Services of the Department of Human Services has some federal funding, but its grants are less sustainable. The Judiciary has contracted some placement services but generally requires some experience with the service before approaching the Legislature for monies. The Child and Adolescent Mental Health Division's present funding is limited to the contracts that began on July 2012 and end in FY2014, but may be renewed for up to 6 years or June 30, 2018. In July 2012, The Division contracted a total of 222 residential bed slots for adolescents including 8 Therapeutic Crisis Home bed slots, 16 Hospital-based Residential bed slots, 132 Therapeutic Foster Homes bed slots, and 66 Community-based Residential Services bed slots. Of the 66 Community-based Residential Services beds, 48 bed slots are contracted for substance abuse residential treatment services through Bobby Benson Center, Marimed Foundation, and Child and Family Services. (See Table 30.)

TABLE 30.

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION CONTRACTS FOR COMMUNITY-BASED RESIDENTIAL SERVICES III

COMMUNITY-BASED RESIDENTIAL SERVICES III	CONTRACT $	NUMBER OF BED SLOTS	DATE CONTRACTED STARTED	DATE CONTRACT ENDS*
Bobby Benson Center	2,600,000	20	July 1, 2012	June 30, 2014
Marimed Foundation	2,500,000	20	July 1, 2012	June 30, 2014
Child and Family Services	550,000	8	July 1, 3012	June 30, 2014
	Total Bed Slots	48		

State Contracts Awarded in FY2013, State Office of Procurement State
* Contract may be extended up to June 30, 2018

7.3.2. POSSIBLE AVENUES TO OBTAIN CHILD AND ADOLESCENT MENTAL HEALTH DIVISION FUNDING

Without the Child and Adolescent Mental Health Division's funding for services, the County would have to fund adolescent substance abuse residential treatment services with County funds. Presently, the Child and Adolescent Mental Health Division pays about $430 per day per child, or about $13,087 per month, a portion of which is Medicaid reimbursed. There are three possible avenues for the County to obtain funding from the Child and Adolescent Mental Health Division at the present time.

7.3.2.1. NEGOTIATE FOR NEW MONIES

The first avenue is for the County to negotiate with the State Department of Health to find new monies either for the County or the Service Provider as soon as a facility is available. However, in the present fiscal environment, the State's ability to find additional monies is questionable.

7.3.2.2. NEGOTIATE FOR CONTRACT TO BEGIN JULY 2014

The second avenue is for the County to request from the Child and Adolescent Mental Health Division

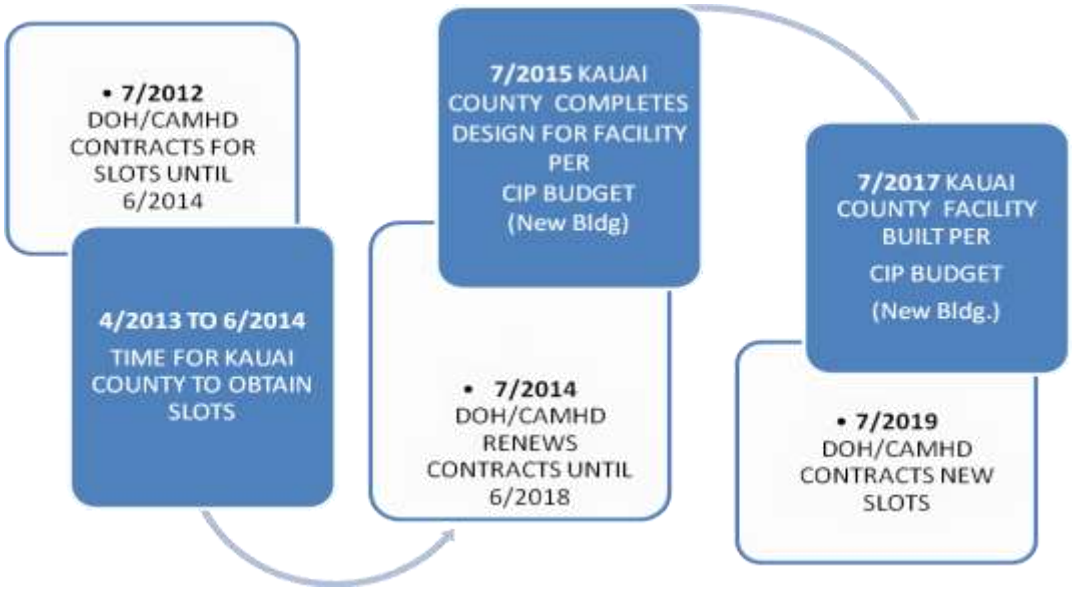
some monies from the present contracts before June 2014. The contracts with Bobby Benson Center, Marimed Foundation, or Child and Family Services end in 2014. The County has a very short window to negotiate with the Division because the contracts previously have been extended. According to the State's contracts for substance abuse treatment, the contracts may be extended until June 30, 2018. In 2006, when Maui Youth and Family Services responded to the County's RFP, the Division was in its then-current funding cycle. The Division's present funding cycle for Community-based Residential Services was in FY2011 and contracts were awarded in FY2012.

7.3.2.3. REQUIRE SERVICE PROVIDER TO PARTNER WITH EXISTING CONTRACTORS

The third avenue is to require the Service Provider to partner with Bobby Benson Center, Marimed Foundation, or Child and Family Services to use some of the bed slots awarded to them in 2012. This avenue has more promise than asking the State to find new monies. There may be an existing contractor that has not been able to expend some of the contracts' funds from the State due to lack of referrals. In 2006, in response to the County's RFP, Maui Youth and Family Services proposed a continued partnership with Marimed Foundation for aftercare and parent support.

FIGURE 4.

TIMETABLE FOR OPPORTUNITIES TO CONTRACT BED SLOTS FROM DEPARTMENT OF EDUCATION



7.3.2.4. COMMUNITY-BASED PROVIDER REQUIRES SUBSIDY FROM THE COUNTY

Any business model for an adolescent substance abuse treatment facility on Kauai must provide a stable positive revenue stream for the service provider. Even if funding from the Child and Adolescent Mental Health Division were obtained, the County will need to subsidize the costs of the services if there is any vacancy in the facility. The few potential adolescent clients for a facility on Kauai will generate barely enough revenue to support the ongoing expensive services and costs for a 24/7 facility.

In recent years, community-based agencies have had to be careful in the selection of services that they provide for the community. Their costs of doing business has steadily increased, while their revenues have been reduced due to devastating cuts from government funding at the County, State, and federal

levels. The community-based agencies have been slowly recovering from the severe economic drop from 2009 until 2011 but their profit margin remains very small.

A Kauai community-based Agency's budgets from 2005 to 2013 were reviewed to determine the Agency's cost of doing business. A cross section of salary positions and rates was analyzed. In general, the Agency tried to budget a 2% increase in salaries each year. However, the Agency's ability to actually implement any raise in salary was totally dependent on the anticipated revenue. During the 2009-2011 time period when revenue was stagnant, no staff person received any raise and some even got their salaries cut. Looking at any given year, there did not seem to be a pattern. However, looking back over a 7-year span from 2005 to 2013, there was a definite increase in the Agency's cost of doing business. The average increase was 10% across all of the 9 positions that were reviewed. The smallest increase was 6% and the largest was 16%. The Agency made a conscious effort to raise some of the lowest paying positions in the last couple of years but their profit margin continues to be slim.

7.5. BUSINESS MODELS AND THE FEASIBILITY OF THE BUSINESS MODELS

The analysis included acquisition costs and operating budget projections. Many sources were contacted for input into this section, including community-based agencies, Hawaii State Department of Health Contracts Office, County of Kauai Finance Director and Treasurer, and the State of Hawaii Alcohol and Drug Abuse Division. Additional resources included the State of Hawaii Department of Human Resources and Development and the State of Hawaii Department Rules, Title 11, Chapter 98-11 relating to staffing requirements for this "Special Treatment Facility".

7.5.1. STAFFING, OPERATING, AND SERVICES COSTS

Based on discussions with the Department of Health Alcohol and Drug Abuse Division review of the State of Hawaii Department of Health Title 11 Chapter 98-11, "Minimum Standards for Licensure; Personnel," the minimum staffing requirement for a 24/7 service will require 3 8-hour shifts for an 8-bed

facility. The costs of employees, employee benefits, and independent contractors are estimated to be about $975,000 a year. The cost of operating a facility, including food, supplies, utilities, insurance, memberships, and providing services is estimated to be about $88,000 a month and $1,060,000 annually. (See Table 31.)

TABLE 31.

ESTIMATED PERSONNEL AND OPERATING COSTS OF AN ADOLESCENT SUBSTANCE ABUSE TREATMENT FACILITY

Expense	Annual
Employees	575,000
Employee Benefits	230,000
Independent Contractors	170,000
Total Personnel	975,000
Utilities	20,000
Telephone	6,000
Total Utilities	26,000
Food	40,000
Total Food	40,000
Business Insurance	10,000
Supplies	5,000
Office Equipment	2,000
Total Office	17,000
Dues, Membership, Licenses, and Fees	2,000
Total	1,060,000

Assuming that the County will be successful in negotiating funding for services with the Department of Health, the staffing and service costs could be funded through the Child and Adolescent Mental Health Division. However, in general, the funding is determined by the number of adolescents actually residing in the facility each day. The County may negotiate for a guaranteed number of bed days. This analysis does not include any guaranteed bed slots. Should the Division not pay for the services, individual families would have to pay the costs through their private medical insurance and self-pay. Most families

would not be able to pay the insurance deductible of about 20% or $2,617 a month or $31,404 a year. Some community-based agencies have reported that when a family had the means to pay for the full cost of treatment services, a high percentage of those families sent their adolescent to longstanding programs on the mainland.

7.5.2. COST OF FACILITY

In 2006, the estimated construction cost of the proposed one-acre, drug-treatment facility was about $1.2 million. At that time, the County Council approved $365,000 from the County general fund. In addition to council-approved funds, the County received $560,000 from state capital-improvement funds. The County Department of Water was also going to cover the $1.2 million cost of upgrading the water system at the old Kauai Humane Society building. Another $250,000 was expected to come from private donations and pledges.

Based on the County's 2006 Request For Proposal and contract with Maui Youth and Family Services, the County expected a service provider to manage the facility and program. Today, the County continues to expect a service provider to manage the facility and program.

7.6. SCENARIOS OF COST OF RESIDENTIAL TREATMENT

The cost-effectiveness of an expensive residential program on Kauai is difficult to maintain because of the very few adolescents on Kauai that potentially would be appropriate for this very high level of care. Following are 3 scenarios that detail the costs and issues of 1) building a new facility with a $5 million bond (centralized 24/7 residential treatment center in Lihue); 2) purchasing acreage with an existing house with a $2.5 million bond (combination of smaller residential treatment facility and utilizes current service providers) ; and 3) requiring the service provider to lease an existing house (model that combines a smaller residential facility and utilizes current service providers) . All scenarios assume that funds from the Child and Adolescent Mental Health Division will be available to reimburse the service provider for

services at the rate of $430.27 a day per client or $13,087 per month per client. All scenarios assume that the treatment facility would be required to have state and county approval for the number of youths and professional foster parents in one house, the use of the property, and other regulations related to the licensure of and reimbursement of government funds for a treatment facility. All scenarios assume that adolescents from off island may be considered to reduce vacancies in the facility. However, it is also assumed that the attempts to fill the facility with youth from off island or with youth who may not require the level of care of a residential treatment facility will also have a negative affect on the effectiveness of the program for all of the youth in the program.

7.6.1. SCENARIO 1: BUILD NEW FACILITY
(Centralized 24/7 residential treatment center in Lihue)

Scenario 1 assumes that the County will build the facility with a $5 million bond as identified in the County's Capital Improvement Plan (CIP). This scenario does not assume that the County would receive monies from the State's CIP fund. According to the County's CIP budget, the current projected cost for the facility is about $5 million dollars. The $5 million is expected to include: $100,000 in FY2014/2015 for planning and development; $300,000 in FY2015/2016 for land; $300,000 in FY2015/2016 for design; and $4.3 million in FY2016/2017 for construction. It is likely that the funds would be raised by issuing a $5 million bond, a type of loan from investors to the County. Since this project will involve private management, a “private activity” municipal bond will probably be issued by Kauai County. In most cases, the earnings on municipal bonds are tax free from federal as well as local taxes for the issuing jurisdiction. Private activity bonds, though, are subject to the alternative minimum tax, meaning that some investors may be taxed on the earnings. No one knows what the coupon rate of a future bond issue will be. However, after discussion with the Kauai County Treasurer, the projections will likely be based on a 4% coupon rate. Because $5 million is a relatively small amount for a County bond, the County may also have some difficulty in combining the bond for the treatment facility with other County bonds.

Scenario 1 assumes that the bond will be amortized over a 25-year period. Accordingly, the County would have to pay $320,000 a year in principal and interest to the investors on the $5 million bond for 25 years.

The County has not identified any monies for services. Even if the facility were built and turned over to a procured service provider as a turnkey operation, the procured service provider would require sustainable funding for reimbursement of services. Generally, sustainable government funding is available only for reimbursement of services provided. Lessons learned from previous attempts to establish adolescent substance abuse treatment facilities on other neighbor islands provide guidance. According to the Department of Health's Contracts Office, programs on the Big Island and Maui are examples of neighbor island programs that closed due to the lack of referrals to their programs. The Marimed Foundation and Maui Youth and Family Services both identified a need for an adolescent substance abuse treatment facility on those islands. Even with the larger adolescent populations on the Big Island and Maui as compared to Kauai, the referrals to those programs were not sufficient to maintain their programs. Further, there is also significantly less state and federal funding for residential facilities than a few years ago. In 2007, when the County previously considered building an adolescent treatment facility, there were more bed slots contracted by the State in treatment facilities.

The lag period before a new building is completed could be at least two years. The lag period may give the County time to negotiate for bed slots from the Department of Health. However, while the most updated data was analyzed for this study, the factors considered in this study may also change over the next few years, perhaps impacting the feasibility of building an adolescent substance abuse treatment facility at that time.

Under Scenario 1, regardless of whether the facility is filled to capacity or not, $320,000 or more a year would have to be paid by county funds, dependent on the rate of interest of a $5 million bond. With 8

clients throughout the year, the service provider would have a net profit of $130,000. If there were 6 clients, the service provider would have a loss of $177,736, which the County would have to be pay in addition to the principal and interest, or a total of $437,736. If there were 4 clients, the service provider would have a net loss of $491,824, which the County would have to be pay in addition to the principal and interest of the bond for a total of $751,824. (See Table 32.)

TABLE 32.

PROJECTED ANNUAL SERVICES EXPENSES AND COUNTY COST BASED ON BUILDING NEW BUILDING (Centralized 24/7 residential treatment center in Lihue)

	8 Clients	6 Clients	4 Clients
Service Provider Costs			
Facility Costs	**(-$1,060,000)**	**(-$1,060,000)**	**(-$1,060,000)**
Rent for Facility	**(-$60,000)**	**(-$60,000)**	**(-$60,000)**
Total Service Provider Costs	**(-$1,120,000)**	**(-$1,120,000)**	**(-$1,120,000)**
Possible Department of Health reimbursement	**$1,250,000**	**$942,264**	**$628,176**
Net Cost to Service Provider	**$130,000**	**(-177,736)**	**(-491,824)**
County Costs			
$5M Kauai County Bond interest	**(-$320, 000)**	**(-$320,000)**	**(-$320,000)**
Funding for Service Provider	**0**	**(-177,736)**	**(-491.824)**
Rent paid by Service Provider	**$60,000**	**$60,000**	**$60,000**
1) Total County costs	**(-$260,000)**	**(-$437,736)**	**(-$751,824)**

*2006 County RFP did not require the Service Provider to pay rent.

7.6.2. SCENARIO 2: PURCHASE OF EXISTING PROPERTY (Combines a smaller residential treatment facility and utilizes current service providers)

Scenario 2 assumes that the County will purchase and make modifications to an existing property that already has 1 or more structures for about $2.5 million. This scenario assumes that the County will turn over a purchased property as a turnkey operation to a procured service provider and that funds from the Child and Adolescent Mental Health Division would be available to reimburse the procured service provider for services provided. The same issues related to issuing a $5 million County bond will also

apply if the County were required to issue a County bond to purchase a property. The same issues related to licensure, number of persons in the building, and use of the property in Scenario 1 will also apply to Scenario 2.

Purchasing a property with a building would allow the County to establish an adolescent treatment facility sooner than building a new facility. Between January and May 2013, a few properties that might meet the program requirements were identified by two different real estate brokers on Kauai. The larger properties on Kauai may be Condominium Property Regimes (CPR) for lands (versus units in one building) and would require approval of the unit's use as an adolescent treatment facility by the other condominium members. The approval of all condominium owners in a CPR may be difficult. At the present time, there is at least one CPR with two units that is owned by one owner and that would meet the requirements of a substance abuse treatment facility. In this case, approval from all condominium members for that property would be less a problem.

If the facility were to close, the County would be able to sell or lease the property, dependent on the real estate market at the time of sale and assuming that any modification does not change the character of the residence to be more institutional. Dependent on the design, location, and cost of a newly built facility, a purchased property may be easier to sell than a newly built facility.

Regardless of whether the facility is full or not, the County would have to pay the principal and interest on a $2.5 million bond of $160,000 for 25 years. At full capacity with 8 clients, the service provider would have a net profit of $130,000. With 6 clients, the service provider would have a net loss of $177,736 which the County would have to subsidize in addition to the principal and interest for a total of $277,736. With 4 clients, the service provider would have a net loss of $491,824, which the County would have to subsidize in addition to the principal and interest for a total of $591,824. (See Table 33.)

TABLE 33.

PROJECTED ANNUAL SERVICES EXPENSES AND COUNTY COST BASED ON PURCHASE OF EXISTING HOUSE
(Combines a smaller residential treatment facility and utilizes current service providers)

	8 Clients	6 Clients	4 Clients
Service Provider Costs			
Facility Costs	**(-$1,060,000)**	**(-$1,060,000)**	**(-$1,060,000)**
Rent for Facility	**(-$60,000)**	**(-$60,000)**	**(-$60,000)**
Total Service Provider Costs	**(-$1,120,000)**	**(-$1,120,000)**	**(-$1,120,000)**
Possible CAMHD reimbursement	**$1,250,000**	**$942,264**	**$628,176**
Net Cost to Service Provider	**$130,000**	**(-$177,736)**	**(-$491,824)**
County Costs			
$2.5M Kauai County Bond interest	**(-$160,000)**	**(-$160,000)**	**(-$160,000)**
Funding for Service Provider	**$0**	**(-$177,736)**	**(-$491,824)**
Rent paid by Service Provider	**$60,000**	**$60,000**	**$60,000**
Total county costs	**(-$100,000)**	**(-$277,736)**	**(-$591,824)**

*2006 RFP did not require the Service Provider to pay rent.

7.6.3. SCENARIO 3: SERVICE PROVIDER TO LEASE EXISTING HOUSE (Community-based system using current service providers and utilizes current service providers)

Scenario 3 assumes that the procured service provider, not the County, would be responsible for the lease of a property that may rent for an estimated $5,000 a month. This scenario does not assume that the County will turn over a newly built or purchased property as a turnkey operation to a procured service provider. This scenario assumes that funds from the Child and Adolescent Mental Health Division would be available to reimburse the procured service provider for services provided. The costs and issues related to a County bond for a facility that would be managed by another entity would not apply to this Scenario. The same issues related to licensure, number of persons in the building, and use of the property described in Scenarios 1 and 2 will apply to this scenario. It is assumed that the property selected by the procured service provider will meet all of the requirements for the Therapeutic Community Model and Milieu.

Scenario 3 would allow the County to establish a pilot program for an adolescent substance abuse treatment facility with the least amount of investment or risk and in less time than building or purchasing a property. Through a pilot program established by an existing service provider, the County would be able to determine the actual need of the County as determined by the referrals to the program and length of stay of participants in the program. In addition, the existing service provider would be able to establish the most effective and beneficial modality of treatment for Kauai adolescents.

Compared to leasing a property for adults, leasing a property for an adolescent program may be more difficult. Potential landlords may be reluctant to expose their property to perceived behavioral problems of adolescents. However, a property already used for a residential program for adolescents on Kauai may be available for lease.

Scenario 3 would be the least expensive of all scenarios described in this study. At full capacity with 8 clients, the service provider would have a net profit of $130,000 and the County would have no cost. With 6 clients, the service provider would have a net loss of $177,736 and the County would have to subsidize the service provider for $177,736. With 4 clients, the service provider would have a net loss of $491,824, which the County would have to subsidize. (See Table 34.)

TABLE 34.

PROJECTED ANNUAL SERVICES EXPENSES AND COUNTY COST BASED ON SERVICE PROVIDER RENTING HOUSE (Community-based system using current service providers and utilizes current service providers)

Rent	8 Clients	6 Clients	4 Clients
Service Provider Costs			
Facility Costs	**(-$1,060,000)**	**(-$1,060,000)**	**(-$1,060,000)**
Rent for Facility	**(-$60,000)**	**(-$60,000)**	**(-$60,000)**
Total Service Provider Costs	**(-$1,120,000)**	**(-$1,120,000)**	**(-$1,120,000)**
Possible CAMHD reimbursement	$1,250,000	$942,264	$628,176
Net Cost to Service Provider	$130,000	**(-$177,736)**	**(-$491,824)**
County Costs			
$0 Kauai County Bond interest	$0	$0	$0
Funding for Service Provider	$0	**(-$177,736)**	**(-$491,824)**
Total County cost	$0	**(-$177,736)**	**(-$491,824)**

7.7. SUPERVISION AND MONITORING OF THE FACILITY AND PROGRAM

The supervision and monitoring of the facility and program are additional reasons for the County to negotiate for bed slots from the Department of Health. Under Hawaii Revised Statutes Section 321, the Department of Health is responsible to monitor therapeutic living programs. In order to supervise a contract for substance abuse treatment services, however, the Department of Health would have to have a contract to pay for services. Under the Request for Proposal issued by Kauai County in 2006, the County appeared to be responsible for monitoring the service provider. At this time, the County does not appear to have the staffing to supervise mental health, therapeutic, and substance abuse treatment facilities and services.

7.6. ANALYSIS

Maintaining the cost-effectiveness of a highly expensive service such as an adolescent substance abuse treatment facility on Kauai is difficult because only very few Kauai adolescents would be appropriate for the service. The most significant cost of a treatment and healing facility will be for services. Regardless of whether an adolescent substance abuse treatment facility is constructed, bought, or leased, funding will be required to pay for services. Any business model for an adolescent substance abuse treatment facility must provide a stable revenue stream for the service provider. Community-based agencies in Hawaii have stated that they would be reluctant to bid for a service that would drain the agency's finances. At this time, the County does not have the expertise to operate an adolescent substance abuse treatment facility and should issue a procurement to identify a qualified community-based agency to operate the facility.

The Department of Health, Child and Adolescent Mental Health Services, provides the most sustainable funding because of the availability of state and federal Medicaid monies. Because the County's planning for an adolescent substance abuse treatment facility is out of sync with the Child and Adolescent Mental Health Division's contracting cycle for therapeutic facilities bed slots, the County should begin to negotiate for bed slots immediately.

Since a residential treatment facility specifically for the treatment of substance abuse of adolescents has not been established previously on Kauai, the County should establish a pilot program. More important than the fiscal savings over building a new facility or purchasing an existing property, a pilot program would provide the County the opportunity to ensure that a residential substance abuse treatment facility is both needed and sustainable on Kauai with less investment and risk.

The County should consider issuing a procurement for a qualified community-based agency to operate a substance abuse treatment and healing facility on Kauai. The qualified community-based agency will be required to identify a property to lease; enter into a contract to lease the identified property; and resolve

issues related to the use of the property, facility design, number of persons in the house, and licensure of the property and agency.

8.1. PARTNERSHIP BETWEEN COUNTY AND CITIZENS

Community engagement is the organized, interactive partnership between the County and its citizens. It is more than just a democratic ideal. Taking the time to cultivate authentic community engagement is essential to the effective implementation and maintenance of an adolescent substance abuse treatment facility. Citizen participation fosters a sense of ownership, increasing the level of investment in a program's successful outcome. The term "community" has a number of different definitions. For the purposes of this feasibility study, "community" is defined as a group of people living in the same physical area, at any scale -- countywide, neighborhood or sub-neighborhood.

Traditional approaches may sometimes exclude those residents who are directly or indirectly impacted from the decision-making process. Engaging the community produces positive outcomes such as new ideas, positive environment, access to information, and supportive relationships.

Engaging the community is often time consuming, has the potential for conflict, may shift the direction of programs, and set high expectations. Some principles associated with Community Engagement that the County may follow include:

1. Actively solicit the community's input throughout the planning and implementation process.
2. Open discussions and events to the entire community.
3. Provide meaningful opportunities for involvement.

4. Continue to serve in the leadership role while engaging the broader community.

5. Prove a commitment to the long-term process.

6. Report success and acknowledge community contributions.

Generally, community engagement is best suited for these types of activities and decisions: initial engagement strategy and planning; identifying sustainability issues and priorities; establishing timelines and benchmarks; arranging, managing and evaluating community-based projects and programs; policy and program evaluation.

8.2. FRAMEWORK TO ENGAGE THE COMMUNITY

When developing a framework to engage the community, the County should first determine the framework's structure and extent. For example, will the concept of community involvement be limited to simply informing the public of policy developments, or will it open the decision-making process to a citizen partnership? How much public participation is appropriate, and in what issues should they be involved? What are the objectives, and what are the intended results?

Some issues may not be appropriate for community engagement. For instance, there may be legal requirements that direct the administration of some programs. Because the legal requirements may be changed only through the legislative or administrative process, engaging the community is not appropriate until the legal requirements are actually changed. Even though the State of Hawaii's administrative rules on the facility and program are requirements related to a proposed adolescent substance abuse treatment facility, engaging the community in the development and maintenance of an adolescent substance abuse treatment facility is appropriate.

8.3. PUBLIC OPPOSITION

Clearly delineating engagement objectives and boundaries before involving the public can minimize misunderstandings related to levels of participation and power. Trust is a key ingredient in a working partnership with citizens, and once broken is difficult to reestablish.

Sometimes, public opposition to an adolescent substance abuse treatment facility may stem from misperceptions about adolescents diagnosed with substance abuse dependency. However, in connection with any organized opposition to an adolescent facility, the community also raises a number of concerns that seem, on the surface, to be practical. Some of the most common concerns are that property values will decline and homes will become more difficult to sell or rent; the adolescents may abuse alcohol or drugs in their neighbor's yards; the adolescents will not receive the supports they need to allow them to live successfully in the community; and that the quality of life in the neighborhood will suffer due to safety concerns, crime, crowding, and increased traffic. (Allen 2003)

In most instances of neighborhood opposition to housing for people with mental health issues, opponents will use one or more of a small group of common tactics (Allen 2003). These tactics are also applicable to opposition to an adolescent substance abuse treatment facility:

- Legal strategies, such as challenges to the facility's compliance with zoning laws.
- Grassroots strategies, such as handing out flyers, canvassing door to door, writing articles in which neighbors criticize the facility project.
- Political strategies against the facility project.
- Public relations strategies with coverage sympathetic to the opposition.
- Illegal strategies, such as threats and/or intimidation.

8.4 PROCESSES TO GAIN COMMUNITY ACCEPTANCE

Michael Allen, senior staff attorney at the Judge David L. Bazelon Center for Mental Health Law, suggests the following processes for gaining community acceptance. (SAMHSA 2012)

8.4.1. STEP ONE: PLANNING

Since the County has already announced its plans to build the treatment facility on a certain site, it is important for the County to do a self-assessment of the site's strengths and weaknesses. Identifying the strengths and weaknesses would help guide the approach taken in gaining community acceptance.

8.4.2. STEP TWO: ADVOCACY STRATEGY

An important part of any strategy related to the development of a substance abuse treatment facility is to be able to respond to neighborhood concerns. For the development of an adolescent substance abuse treatment facility to be successful, it is important that support be generated within the community. It is also important to ensure that the County focus on winning supporters proactively, rather than simply responding to criticisms.

It is also helpful to identify community leaders who could influence any decision made. Such leaders should include representatives of the religious, business, civic, and political communities, as well as members of the neighborhoods near the proposed site. These community leaders should be identified to serve on an advisory team. (SAMHSA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center 2012)

8.4.3. STEP THREE: DEALING WITH COMMUNITY ISSUES

Sometimes a public meeting can become primarily a forum for opponents to air their criticisms of the project. Many advocates believe that while it is important for the County to be open and honest with the

community, the reason for publicizing the project should be to "discover and address legitimate concerns, not to create an open forum for opposition." (Allen 2003). Therefore, it is wise to consider a number of alternatives that are "more likely to facilitate effective exchanges of information, help reassure fearful neighbors, and build trust in the relationship" (Iglesias 2002). Some of the alternatives to open meetings are:

- Canvassing door to door to discuss the project with neighbors
- One-on-one meetings with community leaders

It is important to discover the neighbors' reasons for opposition before developing responses to the concerns. Rather than focusing on disagreements, the conversation should switch to the community team's areas of interest and concern. It is also important to find innovative ways to allay these concerns. For example, fears about crime are unlikely to be calmed by receiving copies of academic studies reporting low crime rates at adolescent treatment facilities. Rather, fears about crime are better addressed by a meeting with a police officer who has experience with the specific and other neighborhoods' data on crime and the Kauai Police Department's responses to crime in the specific and other neighborhoods.

8.4.4. STEP FOUR: DESIGNING AND PLANNING A FACILITY THAT A COMMUNITY WILL ACCEPT

Ultimately, a neighborhood's acceptance of an adolescent substance abuse treatment facility will depend on the proposed facility itself. The community's acceptance of such a facility is not always easy to garner, but designing a facility that fits into the neighborhood and offers something back is essential. It starts with the design of the building or renovation. The County should create a development team that includes persons who are knowledgeable about adolescent treatment facilities and experienced in designing a program and physical campus for an adolescent treatment facility and who live in the specific neighborhood. The development team has to be able to instill confidence in neighbors and business leaders.

It is important that the facility and campus meet not only the prospective adolescents' needs, but also reflect the neighborhood's needs. One way to achieve these goals is to include some features in the development that will add value to the neighborhood. Neighbors will have their own opinions about desirable amenities. This could become part of the process of negotiating community acceptance. The budget for the facility should include something that the neighbors want.

8.4.5. STEP FIVE: MAINTAINING COMMUNITY ACCEPTANCE

Gaining community acceptance for an adolescent treatment facility can sometimes be a long and difficult process. Even after plans are approved, the facility is built, and the adolescents move in, it is important to continue working hard on neighborhood relations. One way to maintain community acceptance is to establish an advisory board for neighborhood input, including adolescents.

ANALYSIS:

The County should take the time to cultivate authentic community engagement. Community engagement is essential to the effective implementation and maintenance of an adolescent substance abuse treatment facility. The County should follow the principles associated with Community Engagement: actively solicit the community's input throughout the planning and implementation process; conduct open discussions and events with the entire community; provide meaningful opportunities for involvement; continue to serve in the leadership role while engaging the broader community; prove a commitment to the long-term process; and report success and acknowledge community contributions.

Ultimately, a neighborhood's acceptance of an adolescent substance abuse treatment facility will depend on the proposed facility itself. The community's acceptance of such a facility is not always easy to garner, but designing a facility that fits into the neighborhood and offers something back is essential. It starts with the design of the building or renovation. The County should create a development team that includes persons who are knowledgeable about adolescent treatment facilities and experienced in

designing a program and physical campus for an adolescent treatment facility and who live in the specific neighborhood.

The County should also establish an advisory board for continued neighborhood input to maintain community acceptance. The advisory board should include about five persons who represent each of the following: community-based organizations that presently provide outpatient and/or inpatient adolescent substance abuse treatment; an individual who has knowledge and experience with adolescent residential services; an individual who lives in neighborhoods adjacent to the adolescent substance abuse treatment; an individual who has the knowledge and experience working with adolescents; Department of Health, Child and Adolescent Mental Health Division; and the Department of Education.

RECOMMENDATIONS

1. The County of Kauai should help to facilitate the integration and coordination of all services for Kauai adolescents. A continuum of care established by integrated and coordinated services must be established before an adolescent substance abuse treatment facility can be effective.

2. The County of Kauai should negotiate with the Child and Adolescent Mental Health Division of the State of Hawaii, Department of Health, for therapeutic bed slots for facility. If bed slots are not available, building, purchasing or leasing an adolescent substance abuse treatment facility will be cost-prohibitive and not feasible.

3. Assuming that therapeutic bed slots are available from the Child and Adolescent Mental Health Division of the State of Hawaii, Department of Health, the County of Kauai should establish a residential treatment and healing facility for Kauai male adolescents. The need is clear for 16 and 17 year old males and for males involved with the Court system.

4. The County should consider requiring the procured qualified service provider to lease a property that meets the requirements for a Therapeutic Community Model, including the Milieu Model, to establish a pilot substance abuse treatment and healing facility. More important than the fiscal savings over building a new facility or purchasing an existing property, the pilot program would provide the County the opportunity to ensure that a residential substance abuse treatment facility is both needed and sustainable on Kauai with less risk and expense.

5. An adolescent substance abuse treatment facility should have at least 6 to 8 beds and a suite for "professional parents". The facility should have an office area, areas for groups or family meetings, and a classroom.

6. The residential treatment and healing facility should have a program that is at least 12 months long, followed by a strong continuum of care, including aftercare and wraparound services for the adolescent and their families.

7. Ideally, the facility should be situated on more than 3 acres so that there will be a buffer between the facility and neighbors or businesses to support a clean and sober environment. Milieu Therapy should guide the design of the facility. The facility should be designed with internal and external environments that will allow youths to be free to participate fully in the treatment program and to receive healing for the whole person. A facility should have an effective barrier to create and maintain a clean and sober environment.

8. Girls who are identified with substance dependency should have a higher priority to receive Multisystemic Therapy on Kauai**.** Multisystemic Therapy (MST) works with the youth and parents on specific goals that will enable the youth to continue living at home, going to school or to work and avoiding arrest or re-arrest. Because of the low number of female adolescents, it is not feasible to build a facility for girls on Kauai.

9. The County should create a development team that includes persons who are knowledgeable about adolescent treatment facilities and experienced in the issues of the neighborhood of the facility. The County should also establish an advisory board for continued neighborhood input to maintain community acceptance.

REFERENCES

Aiu, P., Ono, M., Burgess, P. A., Takahashi, C., & Kameoka, C. (2001). Treating and counseling people of color conference: A Native Hawaiian perspective. Pacific Health Dialog, *Journal of Community Health and Clinical Medicine for the Pacific Region* 8(2), 429-433

Allen, Michael (2003). Combating NIMBYism in Providing Housing to Mental Health Consumers, Resource Center to Address Discrimination and Stigma, June 25. Retrieved from http://www.promoteacceptance.samhsa.gov/publications/combatingNIMBY.aspx#resources

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders (Revised 4th ed.). Washington, DC: Author.

The Annie E. Casey Foundation, KIDS COUNT Data Center Retrieved from http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=HI&group=Custom&loc=13&ind=3744%2c102%2c99%2c100%2c101%2c4875%2c4535%2c6387%2c6388%2c6389%2c4893&dt=1%2c3%2c2%2c4.

CAMHD (1993). Child and Adolescent Service System Program Principles (CASSP). Retrieved from http://hawaii.gov/health/mental-health/camhd/library/pdf/cassp.pdf.

Casey Family Programs (2008). Casey national alumni study. Stories from the past to shape the future. Retrieved from http://www.casey.org/Resources/Initiatives/FosterCareAlumniStudies/CaseyNationalAlumniStudy.htm.

Center on the Family (2011). KIDS COUNT Data Center: Profile for Hawaii (State). Retrieved from http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=HI.

.

Center on the Family, University of Hawaii (2008). Hawaii epidemiological profile for substance abuse prevention. Alcohol and Drug Abuse Division (ADAD), Hawaii Department of Health. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/HiEpi.pdf.

Child Welfare League of America (2011). State Fact Sheet. Retrieved from http://www.cwla.org/advocacy/statefactsheets/2012/hawaii.pdf.

Child and Adolescent Mental Health Division (CAMHD) (2009). Biennial Report. Effective psychosocial interventions for youth with behavioral and emotional needs. Hawaii Department of Health.

Child and Adolescent Mental Health Division (CAMHD), (2010). Fiscal year Annual Factbook: Kauai Family Guidance Center. Hawaii State Department of Health, for the period of July 1, 2009 to June 30, 2010. March 24, 2011.

Child and Adolescent Mental Health Division (CAMHD), (2011). Fiscal year 2011 Annual Factbook. Hawaii State Department of Health, for the period of July 1, 2010 to June 30, 2011. February 21, 2012.

Child and Adolescent Mental Health Division (CAMHD), County of Kauai Database of Statistics from various departments (2012).

The County of Kaua'i and Kaua'i Planning & Action Alliance. (2008). *Kaua'i Community Drug Response Plan 2008-2015.* Retrieved from http://www.kauai.gov/LinkClick.aspx?fileticket=dh7nYSMveEE=&tabid=558.

Dennis, M. L., Dawud-Noursi, S., Muck, R., & McDermeit, M. (2003). The need for developing and evaluating adolescent treatment models. *Adolescent substance abuse treatment in the United States: Exemplary models from a national evaluation study*. S. J. Stevens & A. R. Morral (Eds.), (pp. 3-34). Binghamton, NY: Haworth Press. Retrieved from: https://www.cwla.org/programs/bhd/adolescenttreatment.pdf.

The Garden Island (2004, October 14). Lt. Gov Aiona Provides Funding Check to County. Retrieved from http://thegardenisland.com/news/lt-gov-aiona-provides-funding-check-to-county/article_94258ac7-a5ba-5791-bd87-cd2bac315afa.html.

The Garden Island (2005, March 8). County Seeks Teen Treatment Center in Hanapepe. *The Garden Island*, Retrieved from http://thegardenisland.com/news/county-seeks-teen-treatment-center-in-hanapepe/article_064c1354-9c19-5699-a740-d10f404e757a.html.

The Garden Island (2008, August 6). Recovery facility possible by 2010. Retrieved from http://thegardenisland.com/news/recovery-facility-possible-by/article_011dc845-7e3f-570f-8b5f-42c14d4a058a.html.

The Garden Island (2010, October 3). County partnership secures drug-treatment funds. Retrieved from http://thegardenisland.com/news/local/county-partnership-secures-drug-treatment-funds/article_328c6098-cf7e-11df-885a-001cc4c03286.html.

The Garden Island (2011, March 4). Teen drug center 'not in our backyard.' Retrieved from http://thegardenisland.com/news/local/teen-drug-center-not-in-our-backyard/article_149d1f9c-4700-11e0-a4e6-001cc4c03286.html.

The Garden Island (2011, July 27). Isenberg Site Selected. Retrieved from http://thegardenisland.com/news/local/isenberg-site-selected/article_9ebb2f40-b8f0-11e0-831e-001cc4c002e0.html?print=true&cid=print.

The Garden Island (2011, October 31). County soliciting studies for proposed rehab center. Retrieved from http://thegardenisland.com/news/local/county-soliciting-studies-for-proposed-rehab-center/article_4f08824c-0452-11e1-aa31-001cc4c002e0.html.

Goebert, D., Nishimura, S., Onoye, J., Boyd, E., Rehuher, D., & Christensen, P.. The Hawai'i Student Alcohol, Tobacco, and Other Drug Use Study: 2007-2008 Comprehensive Report. State of Hawai'i Department of Health, Alcohol and Drug Abuse Division, (2007-2008).

The Guttmacher Institute. (2012). *Facts on Unintended Pregnancy in the United States*. Retrieved from http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html.

Hawaii (2011). Mental health national outcome measures: CMHS Uniform reporting system FY 2011. Retrieved from http://www.nri-inc.org/projects/SDICC/Forms/2011_URS_instructions.pdf.

Hawaii Administrative Rules, Department of Health, Title 11 Chapter 98.11. Special Treatment Facility. Minimum standards for licensure; personnel. Retrieved from http://gen.doh.hawaii.gov/sites/har/AdmRules1/11-98.pdf.

Hawaii Administrative Rules, Department of Health, Title 11 Chapter 177.1. Certification standards for substance abuse counselors and program administrators. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/CSACdocs/adminrules.pdf.

Hawaii Department of Health, Alcohol and Drug Abuse Division. (1995). *1995* Hawai`i Adult Household Survey of Substance Use and Treatment Needs. Retrieved from http://hawaii.gov/health/substance- abuse/preventiontreatment/survey/adsurv.htm#anchor700184.

Hawaii Health Data Warehouse (2012). Health reports and data. View by Category: Substance abuse. Retrieved from http://www.hhdw.org/.

Hawaii Strategic Prevention Framework State Incentive Grant (2008). Underage Drinking Prevention plan: Focusing on the Reduction and Prevention of Underage Alcohol Consumption for youth 12-17 years old: Move the needle. Retrieved from http://hawaii.gov/health/substance-abuse/prevention- treatment/survey/HiSPFStatePlan2008.pdf.

Hawaii Reporter (2004). Joint House-Senate task force on ice and drug abatement. Final report of joint House-Senate task force on ice and drug abatement.. Retrieved from http://www.hawaiireporter.com/final-report-on-ice-and-drug-abatement-january-2004/123.

Herrera, C., Grossman J.B., Kauh, T.J., & McMaken (2011). Mentoring in schools: An impact study of big brothers big sisters school-based mentoring. *Child Development*, 82(l), 346-361.

Hughes, C. K. (2004). Factors associated with health-seeking behaviors of Native Hawaiian men. Pacific Health Dialog, *Journal of Community Health and Clinical Medicine for the Pacific Region* 11(2), 176-182.

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2012). Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings, 2011. Ann Arbor: Institute for Social Research, The University of Michigan.

Juvenile Justice Information System (JJIS), (2012). Department of the Attorney General (State of Hawaii).

Kaua'i Planning & Action Alliance. (2012). Keiki to Career Kaua'i Youth Report 2012: Indicators of Achievement, Health and Well-Being. Retrieved from http://www.kauainetwork.org/wp-content/uploads/2012/07/Youth_Indicators_MASTER-Fixed-20.pdf

Kent, J.A., Ryan, J., Hunka, C., & Schultz, R. (1995). Cultural attachment: Assessment of impacts to living culture. Retrieved from: http://www.monroecountywv.net/Forms/County_Plan/Appendices/App_J.pdf.

Kost K., Henshaw S. & Carlin, L., (2010). U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity. Retrieved from http://www.guttmacher.org/pubs/USTPtrends.pdf.

Maly, Kepä (2001). MALAMA PONO I KA 'AINA– AN OVERVIEW OF THE HAWAIIAN CULTURAL LANDSCAPE. Kumu Pono Associates LLC. Retrieved from http://www.kumupono.com/Hawaiian%20Cultural%20Landscape.pdf.

Mark, T.L., Song, X., Vandivort, R., Duffy, S., Butler, J., Coffey, R., & Schabert V.F. (2006). Characterizing substance abuse programs that treat adolescents. Substance Abuse Mental Health Services Administration, Health and Human Services. Retrieved from http://www.samhsa.gov/SAMHSA_News/VolumeXIV_5/article12.pdf.

Miller, W.R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press. ISBN 0–89862–566–1. http://onlinelibrary.wiley.com/doi/10.1002/casp.2450020410/abstract.

Mitchell, D. D. K. (1992). Resource units in Hawaiian culture: Revised edition. The Kamehameha Schools Press. Honolulu, HI.

Morral, A.R., McCaffrey, D.F., & Ridgeway, G. (2004). Effectiveness of community-based treatment for substance-abusing adolescents: 12-month outcomes of youths entering phoenix academy or alternative probation dispositions. *Journal of Psychology of Addictive Behavior*. 2004 Sep; 18(3):257-68.

NASMHPD Research Institute (2011). Hawaii Mental Health National Outcome Measures: CMHS Uniform Reporting System. Retrieved from http://www.samhsa.gov/dataoutcomes/urs/2011/Hawaii.pdf.

National Institute on Drug Abuse. (2011). Drug facts: Treatment Statistics. Retrieved from http://www.drugabuse.gov/publications/drugfacts/treatment-statistics.

Newcomb, M.D., & Bentler, P.M. (1989). Substance use and abuse among children and teenagers. American Psychologist. 44(2):242-8. Retrieved from: http://www1.cyfernet.org/prog/teen/94-youthfut10.html.

Nigg, C., Ta, V., & Williams, R. (2009). Infrastructure and Capacity Assessment Results Final Analysis. Hawaii Strategic Prevention framework-state incentive grant (SPF-SIG) project. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/HiSPFCapacityInfrastrReport.pdf

Pacific Institute for Research and Evaluation (PIRE), (2011). Underage drinking in Hawaii: The facts. Funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Retrieved from http://www.udetc.org/factsheets/HI.pdf.

Pukui, M.K. & A.L. Korn (1973). The Echo of Our Song. Chants and Poems of the Hawaiians. University of Hawaii Press. Honolulu, HI.

Pukui, M.K. (1983). Olelo No‘eau. Bishop Pauahi Museum Special Publication 71. Bishop Museum Press, Honolulu. Retrieved from: http://www.k12.hi.us/~waianaeh/waianhi/olelo.html.

SAMHSA’s Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center) (2012)

SAMHSA’s National registry of evidence-based programs and practices NREPP. Retrieved from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=2.

SAMHSA News, (2003). President Promotes "Access to Recovery”. Vol XI, Number 2, Spring, 2003.

State of Hawaii, (2006-2010). Strategic Prevention Framework State Incentive Grant Program Report; Building a Sustainable Substance Abuse Prevention System. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/HiSPFProgressReport.pdf.

State of Hawaii Department of Health, (2003). The 2003 Hawaii Student Alcohol, Tobacco and Other Drug Use Study: Adolescent Prevention and Treatment Needs Assessment. Alcohol and Drug Abuse Division. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/report2003/community2003/maui/hana.pdf

State of Hawai'i Department of Health, Alcohol Abuse Division, (2007-2008). The Hawai'i Student Alcohol, Tobacco, and Other Drug Use Study: 2007-2008 Comprehensive Report. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/2007StatewideReport.pdf.

State of Hawaii, Department of Health. Title 11 Chapter 98,-11, Special Treatment Facility. Minimum standards for licensure; personnel. Retrieved from http://gen.doh.hawaii.gov/sites/har/AdmRules1/11-98.pdf.

State of Hawai'i Department of Health. (1996). 1996 Hawai'i Student Alcohol and Other Drug Use Survey. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/ adsurv. htm#anchor689230.

State of Hawaii Department of Health Alcohol and Drug Abuse Division (1998). Adolescent substance abuse treatment outcomes in Hawai`i. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/treatment/adtrtwo.htm#anchor481913.

State of Hawaii Department of Health Alcohol and Drug Abuse Division (2007). 2004 Treatment Needs Assessment. State of Hawaii Department of Health, Alcohol and Drug Abuse Division. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/2004needsassessment.pdf.

State of Hawaii Department of Health, Child & Adolescent Mental Health Division (2012). Child and Adolescent Mental Health Performance Standards. Retrieved from http://hawaii.gov/health/mental-health/camhd/library/webs/camhps/camhps_92011.pdf.

State of Hawaii, Department of Health (2012). Child and adolescent mental health performance standards (CAMHPS). Clinical Services Office and Performance Management Office. Retrieved from http://hawaii.gov/health/mental-health/camhd/library/webs/camhps/CAMHPS.pdf.

State of Hawaii, Department of Human Resources Development, Classification and Compensation. Retrieved from: http://dhrd.hawaii.gov/state-hr-professionals/class-and-comp/.

State of Hawaii Office of Procurement. State contracts awarded in 2013. Retrieved from http://webdev5.hawaii.gov/spo2/health/contracts/search_form.php.

State of Wisconsin Bureau of Mental Health and Substance Abuse Services, (2005). Adolescent treatment outcomes study, Demonstrating the effectiveness of substance abuse treatment for youth. Retrieved from: http://www.dhs.wisconsin.gov/substabuse/docs/reports/Adolfinalreport.pdf.

Strategic Prevention Framework-State Incentive Grant Epidemiological Team (2010). County of Kaua'i: Epidemiological Profile of Alcohol-Related Behaviors Among Youth. Center on the Family, University of Hawaii at Manoa. Retrieved from http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/KauaiCounty.pdf.

Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-42, HHS Publication No. (SMA) 11-4667. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

United States Department of Commerce, United States Census Bureau. (2010). Hawaii Quick Facts. Retrieved from http://quickfacts.census.gov/qfd/states/15000.html & http://quickfacts.census.gov/qfd/states/15/15007.html.

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Office of Applied Studies, State Estimates of Substance Abuse. Estimates retrieved from http://www.healthtrends.org/comparison_results.aspx.

Violations of Kauai Liquor Laws (2012). Retrieved from http://www.kauaigovonline.org/DataBank.

Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. (2009). Substance-Exposed Infants: State Responses to the Problem. HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Youth Risk Behavior Surveillance System (YRBSS) (2012). Hawaii School Health Survey: Youth Risk Behavior Survey Model. The Hawaii Health Data Warehouse: YRBS Health Indicator Documentation Report. Retrieved from http://www.hhdw.org/cms/uploads/Resources/YRBSS%20Health%20Indicator%20Documentation%20Report.pdf.

Yuan, S., Lai, M.C., & Heusel, K. (2011). Strategic Prevention Framework State Incentive Grant Progress Report: Building a Sustainable Substance Abuse Prevention System. State of Hawai'i, 2006-2010. University of Hawai'i, Center on the Family.

APPENDIX 1

Individuals and Organizations Interviewed

Name	Position and Organization
The Honorable Edmond D. Acoba	Judge 5th Circuit District Court State of Hawaii Judiciary
Lani Agoot	Administrative Specialist County of Kauai
Scott Allred	Clinical Director of Kailana Maarimed Foundation Kailana Program
Alton G. Amimoto MSW	Deputy Chief Court Administrator State of Hawaii Judiciary 5th Circuit Court
William N. Arakaki	Complex Area Superintendent Department of Education Kauai Complex Area
Sarah Arnold, CSAC	CSAC Supervisor Bobby Benson Center
LaVerne Bishop .	Executive Director Hale 'opio Kaua'i, Inc
Alex Bivens, Ph.D.	School Psychologist Mokihana Project
Barbara Bradish	Therapist Mokihana Project
Lucille Calderon	Director Child & Family Services
Ed Chargualaf	Juvenile Justice Program Coordinator Department of Human Services Office of Youth Services
Cynthia Chiang	Planned Parenthood of Hawaii Kauai Clinic
Merton Chinen MSW	Department of Human Services Office of Youth Services
Erin Cobb-Adams	Program Specialist Alu Like, Inc Ho'ala Hou Dept
Community Members	Isenberg Community
Lucy Douthitt MSW, ACSW	Kauai Child Welfare Services Section Administrator Dept of Human Services Social Services Division
Monty Down M.D.	Wilcox Memorial Hospital Emergency Room
Kaulana Finn	Community Director Big Brothers Big Sisters of Kauai

Name	Position and Organization
Colleen Fox MPH, C.S.A.C.	Director of Adolescent Programs Hina Mauka
Jay Furfaro	Council Chair County of Kaua'i Office of the County Council
Dane Z. Y. Ganes	Quality Assurance Director Merimed Foundation Kailana Program
Lionel Gonsalves	Dept of Land and Natural Resources
Roy Goo Pharm. D.	College of Pharmacy University of Hawaii-Hilo
Chia S. Granda M.D.	Clinical Director Kauai Family Guidance Center/ Mokihana Project State of Hawaii
Mardelle Gustilo	Program Specialist Alcohol and Drug Abuse Division
Nancy Haag	Division Chief Alcohol and Drug Abuse Division
Julie Hayward	Kauai Comm Mental Hlth Ctr
Tina T. Higashi	Supervisor Juvenile Client and Family Services Branch The Judiciary-State of Hawai'i
Novelyn Hinazumi MA, LMFT	Director of Kauai Programs Child & Family Services
David Hipp	Executive Director Department of Human Services Office of Youth Services
Madeleine Hiraga-Nuccio	Branch Chief, Kauai Family Guidance Center/Mokihana Project State of Hawaii
Steven Hunt	Director of Finance County of Kauai Finance Department
Shaylene Iseri-Carvalho	Prosecuting Attorney's office County of Kauai
Wm. Michael Johnson Ph.D.	Executive Director Bobby Benson Center
Brad Klontz Psy.D., CSAC	School Psychologist Mokihana Project
Paul Knofler	Bond Analyst County of Santa Clara Finance Department
Kelly Knudsen	Director of Special Education & related services

Name	Position and Organization
	Department of Education Kauai Complex Area
Theresa Koki C.P.S	Coordinator Life's Choices Kauai County of Kauai
Justin Kollar	Prosecuting Attorney Office of the Prosecuter
KipuKai Kuali'i	YWCA of Kauai Director of Operations
David Lam	Chief Court Administator State of Hawaii Judiciary 5th Circuit Court
Wayne Law	Department of Health Adult Mental Health Division
Janet Ledoux	Public Health Administration Officer Child and Adolescent Mental Health Division
Tom Lindsey	Administrative LT. Kauai Community Correctional Center State of Hawaii
John MacDonald	Contracts Management Specialist Child and Adolescent Mental Health Contract Management Section
Mardi Maione CSAC	Private Practice
Janice Mardinada	Kauai Family Guidance Center
Gerald J. McKenna M.D., FASAM, DLFAPA	Medical Director Ke Ala Pono
Mark Miller	Chief Executive Officer Advent Group Ministries, Summit Ranch, Morgan Hill, CA
Larry Moises	Investigator County of Kauaʻi Liquor Department
Arvin Montgomery	Manager Hale Kipa
Melinda Montgomery	Director Hale Kipa
Troy Morikawa	Intern Drug Court
Maile Murray CSAC	Substance Abuse Case Worker Child & Family Services
Kevin Myrick RN, TNS	Manager Wilcox Memorial Hospital

Name	Position and Organization
	Emergency Department
Lani Nagao	Director of Business and Community Relations McKenna Recovery Center
Nadine Nakamura	Council Vice Chair Office of the County Council County of Kaua'i
Jeffrey V. Nash	Facility Director Habilitat
Wendy Nihoa	Branch Chief Department of Health Alcohol and Drug Abuse Division Treatment & Recovery
Noalani Oba	Community Outreach Coordinator I Advocacy Office of Hawaiian Affairs
Darryl Perry	Chief of Police Kauai Police Department
Punky Pletan-Cross	CEO Hale Kipa
Liz Rago	Clinical Director Bobby Benson Center
Mel Rapozo	Councilmember Office of the County Council County of Kaua'i
Gerald T. Rapozo	Investigator Dept of Liquor Control County of Kauai
Joseph Savino	Director Fifth Circuit Drug Court The Judiciary State of Hawaii
Kapaliku (Matt) Schirman	Hanaola Director Papahana Kuaola
Margaret Smith	Program Director Child & Family Services
David Spansky	Treasurer County of Kauai Finance Department
Joe Spurrier	Intake Bobby Benson Center
Chuck St. Louis RN	Program Manager The Queens Medical Center Family Treatment Center
Bernie Strand	Program Director Alcohol and Drug Abuse Division
Michael Taylor	College of Pharmacy University of Hawaii-Hilo
Alexandra Thompson	Supervisor,

Name	Position and Organization
	Juvenile Client and Family Services Branch, The Judiciary-State of Hawai'i
Suzanne Turla RN	Nurse Consultant Department of Health Office of Health Care Assurance
Deborah Ullman	School Based Behavioral Health Educational Specialist Department of Education Kauai Complex Area
Kerrilyn Villa	Coordinator Commuinity Development Block Grant Program
Bryson Vivas	Program Specialist Alu Like, Inc. Ho'ala Hou Dept
Merrily Worrell	Community Volunteer
Kari Yamashiro	Administrator Juvenile Client & Family Services
JoAnn A. Yukimura	Councilmember Office of the County Council County of Kaua'i
Cherisse Zaima	Commission Support Clerk Life's Choices Kauai

APPENDIX 2
Community Resources
Inpatient Providers by Island

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
	Kaua'i					
1	Hale 'Opio-Therapeutic Foster Home	2959 Umi St. Lihu'e, HI 96766	808-245-2873	Family-based treatment	Youth, ages 7-22 , are referred by DHS and Family Court	Clinical consultation provided 24/7 by Masters'-prepared staff and licensed therapists. Family-based treatment with professional parents. Respite is scheduled within the Professional Parent `ohana to assist youth with generalizing skills. The youths' birth families participate in weekly therapy and attend 'ohana outings.
2	Hawaii Behavioral Health-Therapeutic Foster Care	3-3122 Kuhio Hwy., Ste A15 Lihu'e, HI 96766-1157	808-246-9102 Fax: 808-246-8609	Intensive community-based treatment services on Hawaii, Kauai and Oahu provided in a home setting for youth with emotional and/behavioral challenges	Ages 3-21 yrs. referred by the CAMHD Family Guidance Centers (DOH)	Professionally trained and licensed foster parents, individual therapy, family therapy, therapeutic foster care coordinators on each island.

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
	Oahu					
3	Bobby Benson Center	56-660 Kamehameha Hwy Kahuku, HI 96731	808-293-7555	To free youth of Hawaii of chemical addiction and co-occurring disorders through residential treatment services.	The Bobby Benson Center admits teens between the ages of 13 and 17 who are suffering from alcohol or drug dependence. Dual-diagnosed clients are eligible for treatment at the Center when psychiatrically stable. Eighteen-year-old clients are considered for admission if they are developmentally more suited for treatment with adolescents than with adults. Treatment services and preference for admission is given to pregnant women and intravenous drug users.	12-step program model, gender specific support groups, rigorous schedule, education, substance free activities , assessment, evidence based drug and alcohol treatment program, family support, aftercare support up to 3 months post discharge
4	Hawaii Behavioral Health-Therapeutic Foster Care	3-3122 Kuhio Hwy., Ste A15 Lihu'e, HI 96766-1157	808-246-9102 Fax: 808-246-8609	Intensive community-based treatment services on Hawaii, Kauai and Oahu provided in a home setting for youth with emotional and/behavioral challenges	Ages 3-21 yrs. referred by the CAMHD Family Guidance Centers (DOH)	Professionally trained and licensed foster parents, individual therapy, family therapy, therapeutic foster care coordinators on each island.

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
5	Hui Ku 'Opio o ke Ko'olau Project (HKOK-Alu Like)	458 Keawe St. Honolulu, HI 96813	808-535-6780 Fax: 808-524-1533	Substance abuse/use and violence prevention education.	HYCF, ages 15-17	Provides youth at the Hawaii Youth Correctional Facility with substance abuse/ use, violence prevention education and cultural training activities.
6	Ka Pa Ola-CFS	91-1841 Fort Weaver Road Ewa Beach, HI 96706	808-681-1465	Community-based residential program, a licensed special treatment facility designed to treat adolescent girls with severe mental health, emotional and behavioral issues. It is an unlocked staff secured program, which includes an on-site school.	Females 12-18, Referred by the Department of Health and Department of Human Services, does not pose an imminent threat to others, is not acutely psychotic or severely developmentally disabled. Able and willing to cooperate and participate in the formulation of treatment objectives and planning	Community-based residential facility, education.
7	Marimed-Kailana Program	45-025 Likeke Place Kaneohe, HI 96744	Dane Ganes 808-239-2939 ext. 208	Ocean and land-based learning experiences that empower youth and families and strengthen communities.	Males, 14 through 18, who face difficult emotional and educational challenges requiring something more structured and restrictive than school or home-based services, but who do not need to be hospitalized or incarcerated. This program specializes in adolescent males with conduct	Academic Education, individual, group and family therapy with educational and vocational services, ocean and land-based therapeutic and recreational activities including sailing and ocean voyaging on Makani Olu (Marimed's sail training vessel),

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
					disorders and those dually diagnosed with chemical dependency.	canoe paddling, agriculture, aquaculture, and culinary opportunities
8	Nā ʻOhana Pūlama-Catholic Charities	1822 Keeaumoku Street Honolulu, HI 96822	808-521-4357	Therapeutic foster care and group home program	Youth ages 5-19 with emotional and behavioral challenges. Available on Oʻahu and Hawaiʻi Island. Referral from state or federal government agency required.	Varies by program.
	Maui					
9	The Maui Farm	P.O. Box 1776 Makawao, HI 96768	808-579-8271	Provide residential services for troubled youth and families.	Youth 10-17 years old, referred by social worker, juvenile justice, or behavioral health systems	Residential services (independent living/group homes), life skills training, healthy ohana living, family strengthening.
	Hawai'i					
10	Hawaii Behavioral Health-Therapeutic Foster Care	3-3122 Kuhio Hwy., Ste A15 Lihu'e, HI 96766-1157	808-246-9102 Fax: 808-246-8609	Intensive community-based treatment services on Hawaii, Kauai and Oahu provided in a home setting for youth with emotional and/behavioral challenges	Ages 3-21 yrs. referred by the CAMHD Family Guidance Centers (DOH)	Professionally trained and licensed foster parents, individual therapy, family therapy, therapeutic foster care coordinators on each island.

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
11	Respite Home-CFS	East Hawai‘i Office:1266 Kamehameha Ave. Suite A-5 Hilo, HI 96720 West Hawai‘i Office 81-6587 Mamalahoa Hwy. Bldg. C Kealakekua, HI 96750	East Hawaii Office 808-935-2188 Fax: 808-961-2073 West Hawaii Office: 808-323-2664 Fax: 808-323-2999	Provides respite care as needed to families.	Referral through Department of Health CAMHD	Small homelike group home setting and normal length of stay is two to three days. Respite services are designed to give these families short-term dependable relief to allow them to rejuvenate and provide a more stable family environment upon the youth’s return. Positive reinforcement, structure, and 24-hour support service are available in the respite home.

Outpatient Providers by Island

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
	Kaua'i					
1	Al-Anon/Alateen	AFG Kaua'i P.O. Box 218 Kapa'a, HI, 96746	808-246-1116	Support Services	Self referral, anyone whose life is or has been affected by alcohol	Support
2	Alcoholics Anonymous	P.O. Box 3606 Lihue, Hawaii 96766	808-245-6677	Recovery, Support	Desire to stop drinking	Self referral, people who have or think they have problems with alcohol
3	Baby S.A.F.E/E Ala Hou-CWS	2970 Kele St., Suite 203 Lihu'e, HI	808-240-2817	Baby S.A.F.E. is a free, island-wide program for women, which provides outreach and support, referrals to community resources, and drug and alcohol screenings.	Baby S.A.F.E. responds to all women who request services. Priority is given to pregnant women and those who are concerned about their own or a family member's drug or alcohol use.	Drug & Alcohol Screenings & Referrals, Educational Presentations, Confidential Counseling, Women's Groups, Connection with Community Services. Information regarding: child development, drug & alcohol use, pregnancy, parenting skills, domestic violence, school for children & adults, health questions & concerns, emergency funds, budgeting, family planning, employment.
4	Child & Family Services	2970 Kele Street Lihue, HI 96766	808-245-5914	Strengthening families, and fostering the healthy development of children	Varies by program	Vast array of programs/services (30 total) that are in various locations statewide

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
5	Crisis Mobile Outreach (CMO)-CFS	2970 Kele St., Suite 203 Lihu'e, HI 96766	800-753-6879	Emergency Mental Health Services provides support, consultation and referrals to all youth whose immediate health and safety may be in jeopardy due to a mental health issue. Services are available 24 hours a day, 7 days a week.	All youth experiencing a crisis are eligible for services.	Crisis Mobile Outreach services are available to conduct a face to face assessment of the crisis situation and arrange appropriate course of action. Crisis Stabilization services provide a safe, short term place for youth to stay during a period of acute stress.
6	Enhanced Health Start & Healthy Start-CFS	2970 Kele St. Suite 203 Lihu'e, HI 96766	808-245-5914	Home visiting team partners with parents to address individual family needs, set and support goals, and build a safe and nurturing home environment around the new baby. The program's overall goal is to reduce any risk of child abuse and neglect while monitoring the health and development of our young children.	Eligibility is determined in the hospital at the time of birth. An eligibility interview maybe requested by calling Healthy Start Early Identification at (808) 566-4141 for Oahu (808)245-5914 on Kauai.	Prenatal Care Planning / Baby Care Basics, Parenting Techniques & Information, Goal Setting & Resource Building, Developmental Activities & Screening, Support Groups, Infant Massage Instruction
7	Hale 'Opio-Emergency Shelter Services	2959 Umi Street Lihu'e, HI 96766		Crisis Stabilization services	birth to 18 years, referred through court/DHS	Respite, counseling, & crisis stabilization

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
8	Hale 'Opio-Independent Living Program	2959 Umi Street Lihu'e, HI 96766	808-245-2873	Youth 17 to 22 who lack the attitudes, skills, and resources for independent living are provided a safe family setting to learn the necessary skills to successfully transition into adult life.	Youth 17 to 22 who lack the attitudes, skills, and resources for independent living are provided a safe family setting to learn the necessary skills to successfully transition into adult life. Referred through Court/DHS	Mentorship, guidance
9	Hale 'Opio-Intensive Independent Living Skills Treatment	2959 Umi Street Lihu'e, HI 96766	808-245-2873	Skills training to transition to independent living.	youth 16 – 24, with targeted therapy and one-on-one coaching to develop a range of skills to live independently.	One-on-one coaching, skills training
10	Ho'ola Lahui	4491 Rice Street Lihu'e, HI 96766	808-246-3511	Ho'ola Lahui Hawai'i s Mission is to enhance the health and wellness of our community with an emphasis on culturally appropriate services for Native Hawaiians.	Outreach, self referral,	Primary health care, dental care, behavioral health counseling, substance abuse counseling, health promotion, health education, chronic disease management, nutritional counseling, fitness classes, outreach services, pharmacy services and case management services.

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
11	Hope Help and Healing Kauai	3136 Elua Street Lihu'e, Hawaii 96766	808-431-4256	Faith-based treatment for substance abuse and life recovery problems	Call for Appointment	Outpatient treatment, drug and alcohol testing, drug and alcohol assessment, anger management, domestic violence classes, family therapy, CBT, 12 step program, individual and group counseling, recreational clean and sober fun
12	Independent Living Program-CFS	2970 Kele Street, Suite 203, Lihu'e, HI 96766	808-245-5914	Independent Living Services is a program which provides individual and group counseling for youth who are living in out-of-home care.	Any youth ages 12-21 who is referred by the Department of Human Services, Child Welfare Service Division.	Individual and group counseling, money management, consumer awareness, health, interpersonal skills, educational planning, employment, legal skills communication skills, stress and anger management techniques
13	Kaua'i Family Guidance Center-Child and Adolescent Mental Health Division (CAMHD)	3-3204 Kuhio Highway Lihu'e, HI 96766	808-274-3883	Child and Adolescent Mental Health; intensive mental health services	Identified youth (persons under 18) with mental health and/or behavioral issues enrolled through district Family Guidance Center	Intensive mental health services, medication management, contracts with other service providers for intense mental health treatment.
14	Ke Ala Pono Recovery Center	4374 Kukui Grove St., Ste. 104 Lihu'e, HI 96766	808-246-0663	Chemical Dependency Treatment	Call for Appointment	Evaluation, Co-Ocurring Disorder Treatment, Intensive Outpatient Treatment (Individual/Group counseling), medication

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
						management.
15	Mental Health Kokua	3205 Akahi St Lihu'e, HI 96766	808-632-0466	Assist those with mental illnesses in providing an opportunity to live and achieve optimum recovery	Contact	Mental health services, case management, Outpatient, residential, psychosocial rehabilitation
16	Narcotics Anonymous	3205 Akahi St Lihu'e, HI 96766	808-828-1674	Support group	self referral, anyone with drug problems	Support, 12 step program
17	Parents and Children Together (PACT)-Functional Family Therapy	4-1579 Kuhio Hwy., Ste 201A Kapaa, HI 96746	808-821-0574	Family-focused evidence based program that emphasizes family strengths to support the development of positive and productive family interactions. Therapists focus on family engagement and motivation, communicatio n and interaction skills, problem solving strategies, conflict management and the use of community resources.	Youth and their families are screened by and referred to PACT through Family Guidance Centers located throughout the State.	Intensive therapy, family support.

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
18	Planned Parenthood	4357 Rice Street, Suite 101 Lihu'e, HI 96766	808-482-2756	Our mission is to be the leading provider of reproductive health services, education, and advocacy for the people of Hawaii.	Anyone	Abnormal Pap Follow-up, Medical and Surgical Abortions, Birth Control Services, Cancer Screening (Cervical, Breast, Testicular), Coloscopy, Pregnancy Options Counseling, Emergency Contraception, Annual Exams, HIV Testing, Male Health Services, Menopause/Midlife Services, Norplant Removal, Pregnancy Testing and Counseling, Sexually Transmitted Infection Testing and Treatment, Urinary Tract Infection Diagnosis and Treatment, and Vaginal Infection Testing and Treatment.
19	Public Health Nursing-DOH Kauai District Health Office	3040 Umi Street Lihu'e, HI 96766	808-241-3614	Public health care access	Self referral	Emergency preparedness, family health services, public health nursing, services for the developmentally delayed, environmental health services, vital statistics, and mental health services
20	Queen Liliuokalani Children's Center	4530 Kali Road, Lihu'e, HI 96766	808-245-1873	Healthy children whose needs are met by a consistent, nurturing	Orphaned (by death, incarceration or terminal illness) Youth	Individual and Family Strengthening, Group Services, Community

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
				caregiver so that the children can reach their full potential, Strong positive family attachment built on a cultural and spiritual foundation, Stable home environment, Caring communities that are concerned about the welfare of their children	of all ages of Hawaiian ancestry.	Organizing
21	Youth Alcohol, Tobacco and Other Drugs Prevention Projects (YAPP-Alu Like: Statewide Locations)	2970 Haleko Rd #205 Lihu'e, HI 96766	808-245-8545 Fax: 808-245-1720	Education, Prevention	Attendance at a participating school.	Educational programming through multiple public schools utilizing Best Practices or Evidence Based curricula to provide educational services to youth age 10-17 regarding the dangers of substance abuse/use and violence. Provides ongoing substance-free activities implemented by youth.
22	PACT-Multisystemic Therapy	4-1579 Kuhio Hwy, Ste 201 A Kapaa, HI 96746	808-821-0574 Fax: 808-822-2109	MST has been effective with chronic, violent delinquents and youth with serious and complex emotional,	Youth and their families are screened by and referred to PACT through Family Guidance Centers	Intensive Therapy, Therapist available 24/7, weekly (can be multiple times per week) family sessions.

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
				social and academic need.	located throughout the State.	
23	Prenatal Support Services-CFS	2970 Kele St, Suite 203 Lihu'e, HI 96766	808-245-5914 Fax: 808-245-8040	Increase the number of women receiving prenatal care in their first trimester, improve women's health by identifying health, economic, psycho-social and environmental risk factors, connecting the women with the necessary and appropriate resources that meets their needs, improve birth outcomes, and to enhance early and adequate prenatal, postpartum and interconceptio n care.	High-risk pregnant women on Kauai who are in their first trimester and supports their entry into early prenatal health care.	Outreach to high risk populations; initial prenatal health screen and assessments; care coordination such as referral and support to obtain and maintain early and continuous prenatal health care; case management, follow-up assessments, and support each trimester and during the six months post partum period.
	Island of Hawai'i					
24	Big Island Substance Abuse Council (BISAC)	135 Puuhonu Way, Ste. 201 Hilo, HI 96720	808-969-9994	Substance Abuse Education, Intervention and Treatment. We are		Assessment, Intensive Out-patient Treatment, Drug & Alcohol Screening, Case Management,

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
				dedicated to the healing of the mind, body and spirit of individuals, families and others who suffer as a result of alcohol and other substance use, abuse and addiction.		Individual Counseling, Family Counseling, Family Education and follow-up activities.
25	Community Based Crisis Group Home-CFS	East Hawai‘i Office: 1266 Kamehameha Ave. Suite A-5, Hilo, HI 96720 West Hawai‘i Office, 81-6587 Mamalahoa Hwy. Bldg. C, Kealakekua, HI 96750	East Hawaii Office : 808- 935-2188, Fax: 808-961-2073 West Hawaii Office:808-323-2664	Provides short-term, acute interventions to youth ages 12 to 20 experiencing a mental health crisis.	Acute mental health crisis. Youth age 12-20.	Small homelike group home as an alternative to acute care or community hospital crisis stabilization. Crisis stabilization, transfer of youth to lower level of care.
26	Hui Ho'ona auao I na 'Opio Project (HHOP-Alu Like)	159 Kalanikoa St., Unit #5 Hilo, HI 96720	808-969-7057 Fax: 808-969-4946	Substance abuse/use and violence prevention education	Attend East Hawaii School, ages 10-17	Substance abuse/use and violence prevention education to youth at East Hawai'i Schools and provides on-going substance free activities that are planned, organized and implemented by the youth.

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
27	Youth Retreat Project (Alu Like)	Kūlana `Ōiwi Multi-Cultural Center Maunaloa Highway, Kalama`ula Bldg. D. P.O. Box 1859 Kaunakakai, HI 96748	808-553-5393 Fax: 808-567-6837	Education, Early intervention	Youth ages 14-21 residing in Maui County OR 5th and 6th graders residing on Molokai	3 week retreat for youth of have tried illicit substances with substance use/abuse education and violence prevention, education/prevention for 5th/6th graders from Moloka'i
	Island of Maui					
28	Aloha House	200 Ike Dr. Makawao, Maui 96768 P.O. Box 791749 Paia, HI 96779	808-579-8414 Fax: 808-579-8426	To become and maintain substance free through positive peer culture, education	Attendance and voluntary participation. Must attend a participating middle/high school on Lanai or Maui. Contact school counselor for more information.	School based program providing formal group counseling and individual/family counseling as needed
29	Maui Youth and Family Services-Intensive Outpatient	PO Box 790006 Paia, HI 96779-0006	808-579-8414 Fax: 808-579-8426	IOP Substance abuse counseling	youth ages 12-17 years old and their families	Individualized substance abuse counseling, family support, education about addiction, as well as activities that reflect Hawaiian cultural values.
30	Ohana Makamae	P.O. Box 914, Hana, HI 96713	808-248-8538	Strengthen the families of East Maui using Hawaiian culture and spiritual values.	Contact	Substance Abuse Counseling, Education & Treatment, Parenting Education/Individual & Family Counseling

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
	Island of Oahu					
31	CARE Hawaii-ADAD Adolescent IOP (Alcohol and Drug Abuse Division)	875 Waimanu St, Honolulu, HI 96813	808-533-3936	To promote alternative recreational activities, improve self-efficacy and build social competence, as well as provide cultural experiences that will assist youth in becoming positive responsible adults.	Youth ages 12-18	Drug and Alcohol Assessments, Individual Counseling, Group Treatment (Process and Activity Groups), Family Education, Treatment Planning, Relapse Prevention, Case Management, Crisis Prevention, Discharge Planning and Artistic Mentoring.
32	Drug Free Hawaii Prevention Resource Center	1130 N. Nimitz Hwy., Suite A259, Honolulu, Hawaii 96817	808-545-3228 x34, (toll free) 800-845-1946 x34	Education, Resource	N/A	Comprehensive resources on drug abuse, prevention, and related issues available through its lending library, clearinghouse, references, and technical assistance services.
33	Child Sex Abuse Treatment Center-Catholic Charities Hawaii	1822 Keeaumoku Street Honolulu, HI 96822	808-521-4357	Therapeutic services for persons involved with child sexual abuse	Contact intake line	Individual and family counseling and treatment for persons involved with child sexual abuse.
34	Counseling Services-Catholic Charities Hawaii	1822 Keeaumoku Street, Honolulu, HI 96822	808-521-4357	General counseling services	Contact intake line	General Counseling Program - provides individual, marital, and family counseling, and crises intervention services. Available on Oʻahu and Hawaiʻi Island.

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
35	Hale O Ulu-CFS	Ewa Beach, HI 96706	808-681-1580	Hale O Ulu is a private, secondary alternative school for youth who may have adjustment problems, which prevent them from succeeding in the public school system.	Individuals grades 7-12 that have been identified by the Department of Education or Family Court. Students are referred to Hale O Ulu by their school administrators or probation officer. Family involvement requires attendance of parent conferences, attend 3-5 support groups or arrange to obtain information shared in group setting.	Academic instruction, Individual, group, and family counseling, Family life education. Program addresses non-attendance, academic difficulties, disruptive behaviors, and substance abuse. Parents or guardians of enrolled students are provided: Counseling, Family Life Education, Information and Referral services.
36	Hale Kipa-Youth Outreach (YO!)	615 Pi'ikoi Street, Suite 203, Honolulu, Hawaii 96814-3139	808-589-1829 Fax: 808-589-2610	Hale Kipa provides opportunities and environments that strengthen and encourage youth, their families and communities to actualize their potential and social responsibility.	Street-identified, walk-in	The program provides street outreach, drop-in services, case management, counseling, and health/medical services
37	Hina Mauka-Teen Care	45-845 Po'okela Street, Kaneohe, Hawaii 96744	808-245-8883 808-236-2600 Fax: 808-236-2626	Reduce or abstain from alcohol or drug use.	Attend a school that offers Teen CARE, history of alcohol or other drug abuse or dependency,	Substance abuse treatment programs for teens in middle and high school. Individual/group counseling

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
					voluntary, self referral, friends or school staff referrals.	
38	Hina Mauka-Family Program	45-845 Po'okela Street, Kaneohe, Hawaii 96744	808-245-8883 808-236-2600 Fax: 808-236-2626	Education provided to help family members and friends of people addicted to alcohol and other drugs.	Family members and friends of persons addicted to alcohol and other drugs, self referral	Classes
39	Ke Ala Ho'olokahi-Alu Like	458 Keawe Street, Honolulu, HI 96813	808-536-6700 Fax: 808-524-1244	Education, Prevention	Youth Age 10-17 attending public school/residing in Nanakuli, Parents	Evidence Based prevention curriculums and educate youths and parents on the dangers of substance abuse/use and provides on-going substance free activities planned, organized and implemented by youths.
40	Marimed-Ho'o Ma'a	45-025 Likeke Place Kaneohe, HI 96744	808-235-1377 ext. 224	Provides learning opportunities, experiential activities, and outreach counseling for youth referred by the judiciary.	Youth ages 14-17, referred by the Judiciary or other appropriate agencies. These youth have been identified as needing additional assistance to be successful in community settings. Participants may include law violators, status offenders,	4-month after school program. Schedule includes education/tutoring (T,W,TH), two 3-day outdoor "Land Voyages" family participation and involvement, service learning projects in the community

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
					and/or court ordered youth. Must not be actively suicidal or homicidal, not be in acute withdrawal of addictive substances, not be on behavioral medications (unless prior program approval or doctor's clearance has been attained)	
41	The Parent Line (CFS)	91-1841 Fort Weaver Road, Ewa Beach, HI. 96706	O'ahu: 808-526-1222 Neighbor Island (Toll-Free): 800- 816-1222	Support Services, Education	Self referral	The Parent Line services parents and/or caregivers with children 0-20 years old, expectant parents, grandparents, other family members, teachers, child care providers, health care providers, social workers, mental health specialists, other professionals, or anyone with concerns about parenting.
42	The Salvation Army	845 22nd Avenue, Honolulu, Hawaii 96816	808-732-2802 Fax: 808-734-7470	Prevention	Youth 5-18. Attendance at a school that provides in-school and after-school programs throughout the school year, including a summer program.	Family treatment services, youth substance abuse prevention, Adult detox, outpatient, residential

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
43	YMCA	1335 Kalihi St, Honolulu, Hawaii 96819	808-848-2494 Fax: 808-842-7736	Substance abuse/use reduction, abstinence, education	Youth up to age 18, willingness to engage in treatment, can be court ordered	Counseling/Therapeutic services, emergency shelter,
44	YMCA-School Based Outreach Programs	1335 Kalihi St, Honolulu, Hawaii 96819	808-848-2494 Fax: 808-842-7736	Substance abuse/use reduction, abstinence, education	Youth attending a participating school	Counseling/Therapeutic services, emergency shelter,
	Hotlines					
45	Child Abuse Reporting Line-DHS		800-494-3991	Reporting for child abuse or neglect.	Families/individuals with suspected abuse or neglect	Investigation, referral services to other programs
46	Co-Dependents Anonymous		888-444-2359 808-734-3000	Support for people dealing with personal relationship issues including substance abuse	Those who desire a healthy and fulfilling relationship, self referral	12 step recovery program, support
47	Poison Center		800-222-1222	Prevent Poisoning	Anyone/self referral, information inquiries	provide immediate life-saving information for suicide attempts, medication errors, chemical spills, occupational exposures, product misuse, drug interactions and pet poisonings.
48	TeenLine Hawaii		808-521-TEEN	An information and referral service for teens on issues important to them, including sexuality, physical health, emotional	Anyone	Information, referral services, peer support

	Provider	Address	Phone	Purpose/Goal	Admission Criteria	Services Provided
				concerns, drugs, tobacco, referral help. Provides option to e-mail or speak with a peer listener.		

Medical Facilities on Kauai

	Medical Facility		
	Hospitals	**Address**	**Telephone**
1	Kauai Veteran's Memorial Hospital (KVMH)	4643 Waimea Canyon Dr. Waimea, HI 96796	808-338-9431
2	Samuel Mahelona Hospital	4800 Kawaihau Rd Kapaa, HI 96746	808-822-4961 FAX: 808-823-4100
3	Wilcox Memorial Hospital	3-3420 Kuhio Highway, Suite B Lihu'e, HI 96766-1099	Emergency Room: 808-245-1010 Admitting Office: 808-245-1070 Administration: 808-245-1103
	Clinics:	**Address**	**Telephone**
4	Eleele Clinic	4392 Waialo Rd Eleele, HI 96705	808-335-0499
5	Kauai Medical Clinic - Kapaa	1105 Kuhio Highway Kapaa, HI 96746	808-822-3431
6	KVMH Waimea Clinic	4643B Waimea Canyon Dr. Waimea, HI	808-338-8311
7	West Kauai Clinic - Kalaheo	4489 Papalina Rd. Kalaheo, HI	808-332-8523
8	KVMH-Port Allen Clinic	4353 Waialo Rd. Port Allen Marina Eleele, HI	808-335-0579
9	Kauai Medical Clinic - Koloa	5371 Koloa Road Koloa, HI 96756	808-742-1621
10	Wilcox Medical Clinic – Lihu'e	3-3420 Kuhio Highway, Suite B Lihu'e, HI 96766-1098	808-245-1500

APPENDIX 3

TITLE 11
DEPARTMENT OF HEALTH
CHAPTER 98
SPECIAL TREATMENT FACILITY

Historical note: Chapter 11-98, Hawaii Administrative Rules is based substantially upon chapter 12F of the Public Health Regulations and changes were made to clarify statements, delete requirements that were no longer relevant and comply with Administrative Rules change. [Eff MAR 10 1986]

§11-98-01 Purpose.

This chapter establishes minimum requirements for the protection of the health, welfare, and safety of residents, personnel and the public in special treatment facilities. This chapter shall not be construed as lowering standards or rules established by other divisions or subdivisions of government. In all instances the more stringent rules shall apply. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10, 321-11) (Imp: HRS §§321-10, 321-11)

§11-98-02 Definitions as used in this chapter:
"Administrator" or "executive director" mean the person who has charge, care, control of or responsibility for the manage meat of the facility and the program.
"Cardiopulmonary resuscitation" or "CPR" means an emergency first aid procedure that consists of opening and maintaining a patient's airway, providing artificial ventilation by means of rescue breathing, and providing artificial circulation by means of external cardiac compression.
"Department" means the department of health.
"Dietitian" means a person who: (1) Is registered by the Commission on Dietetics Registration; or (2) Is eligible for such registration.
"Director" means the director of health.
"Facility" means the building or buildings which house the program.
"Incident report" means a written record of any unusual occurrence either resulting, or with the potential of, personal injury or facility damage.

"License" means a license issued by the department certifying the compliance with all existing Hawaii state laws and rules relative to operation of a special treatment facility.
"Program" means the evaluation, counseling, prevention, habilitation, rehabilitation or services directed toward achieving social, emotional, mental and physical restoration of the residents.
"Program director" means the person designated by the administrator who is responsible for all facets of the therapeutic program. The program director may be the sane person as the administrator.
"Provisional license" means a license issued for a specified period of time at the discretion of the director in order to allow additional time for compliance with all licensing requirements.
"Resident" means an individual admitted to the program and residing in the facility.
"Resident records" means the collection of medical, social and therapeutic information about a given resident.
"Special treatment facility" means a facility which provides a therapeutic residential program for care, diagnoses, treatment or rehabilitation services for socially or emotionally distressed persons, mentally ill persons, persons suffering from substance abuse, and developmentally disabled persons.
"Staff" means all personnel required to carry out all maintenance, management, housekeeping, treatment programs and services, whether employed, arranged for or contracted for, or full or part-time, of the facility. Staff implies that the personnel is paid as opposed to persons who volunteer their services.
"Tuberculin skin test" means an interdermal injection of .0001 mg. (five tuberculin units) of purified protein derivative in 0.1 cc of sterile diluent. If the size of any resulting palpable induration at forty-eight hours or seventy-two hours after injection is greater than 10 mm in its transverse diameter, the reaction to the skin test shall be considered significant.
"Waiver" means an exemption for a period of one year or less, from a specific rule which may be permitted a facility for a specified period of time, at the discretion of the director. [Eff MAR 10 1986] (Auth: HRS §§26-13, 321-11) (Imp: HRS §§321-10, 321-11)

§11-98-03 Licensing.
(a) Every facility shall have a current and valid license approved by the director and issued when the facility has met all of the requirements of this chapter.
(b) The license shall identify the owners or operators or both, of the facility and prescribe the maximum number of residents to be accommodated in each facility and the name and location of each facility. The license shall be posted in a conspicuous place within each facility.
(c) In order to obtain a license, the administrator or board of directors of a facility shall apply to the director upon forms provided by the department, and shall provide any information required by the department to demonstrate that the facility has met all the requirements of this chapter.

The following shall accompany the application:
(1) Clearance by the county building department; (2) Clearance by the county fire department; (3) Clearance by the sanitation branch of the department; (4) Clearance by the state health planning and development agency, if appropriate;
(5) Floor plans indicating accurate measurements to scale of room intended for use;
(6) Ownership information, including corporate officers or partners; board of directors, addresses and telephone numbers;
(7) Annual budget, including all anticipated income and expenses; and
(8) Policy and procedures manual.
(d) Provisional licenses may be issued, or waivers granted, at the discretion of the director, if:
(1) The facility has a plan to correct the deficiencies within a reasonable time;
(2) The director believes the health and safety of residents and others will not be jeopardized by operation of the facility; and
(3) Not more than two successive provisional licenses shall be issued to a facility. Provisional licenses or waivers shall not be issued for a facility which has a major deficiency in building, electrical, plumbing, zoning, or fire codes.

(e) Full licensure may be granted for a one year period when the facility demonstrates substantially full compliance with this chapter.
(f) Upon approval of the director, the hospital and medical facilities branch of the department say execute an agreement with an appropriate agency to assist in certifying program compliance in respect to a particular facility.
(g) A license shall not be transferred from one facility owner, or location to another. The administrator shall notify the department, in writings. of any proposed changes in these factors.
(h) If the director determines that the applicant or the licensee is not in compliance with this chapter, the license may be denied, revoked, or not renewed. The denial, revocation, or refusal to renew a license shall proceed in accordance with chapter 91, HRS.
(i) In addition to any other appropriate action to enforce this chapter, the director may initiate procedures for invoking fines as provided in chapter 321,
(j) An application for renewal of a license shall be made ninety (90) days prior to the anniversary date of the license.
(1) The facility shall provide county building department, county fire department, and sanitation branch clearances.
(2) A survey of the facility by the hospital and medical facilities branch of the department shall be completed.
(3) An acceptable plan of correction for any deficiencies shall be prepared and submitted.
(k) Compliance with a rule may be waived by the director if the program is otherwise in compliance and provided that the health, safety, and welfare of the residents are assured. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10, 321-11) (Imp: HRS §§46-4, 62-34, 64-91, 65-71, 66-71, 70-71, 132-3, 321-10, 321-11, 321-18)

§11-98-04 Administrative and statistical reports.
(a) A permanent register shall be maintained in ink or typewritten of all admissions and discharges of residents including:
(1) Name;
(2) Address;
(3) Social Security number;
(4) Date of birth;
(5) Date of admission;
(6) Dace of discharge;
(7) Source of referral to program; and
(8) Disposition of resident upon discharge.
(b) Written records of the occurrence of fire safety and disaster drills shall be available for inspection.
(c) A detailed incident report of any bodily injury to a resident, shall be written by the person responsible for the resident at the time of the accident. A copy of the report shall be provided to the administrator and shall be incorporated in the resident's record.
(d) Statistical reports. A monthly program summary report shall be prepared to recap the month's activities including:
(1) Number of current residents;
(2) Number of admissions by source of referral;
(3) Number of discharges; and
(4) Number of resident days of care.
(e) A monthly, quarterly or annual statistical report, or each of these, (observing confidentiality requirements of the Federal government) may be required by the department on forms provided. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-11)

§11-98-05 Dietetic services.

(a) A special treatment facility shall have a written plan describing the organization and delivery of dietetic services and the utilization of the services of a qualified dietitian as required herein.
(b) Overall supervisory responsibilities for the food service shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such training from the consultant dietician.
(c) Menus and food service shall meet the nutritional needs of the residents.
(d) The food service manager shall have special dietary training approved by the department in order for the facility to accept residents requiring special diets ordered by a physician.
(e) Information pertinent to special dietetic treatment shall be maintained in the resident's record. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-11)

§11-98-06 Disaster preparedness.
(a) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:
(1) Assignments;
(2) Instructions;
(3) Special escape routes; and
(4) A quarterly drill schedule. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-11)

§11-98-07 Evaluation.
(a) The written statement of the program's goals and objectives, shall serve as the basis for program evaluation.
(b) The evaluation plan shall include mechanisms for assessing the attainment of the program's goals and objectives.
(c) The evaluation plan shall include mechanisms for documenting program achievements not related to original goals and objectives.
(d) The evaluation plan shall include mechanisms for assessing the effective utilization of staff and program resources toward the attainment of the program's goals and objectives.
(e) The evaluation plan shall include criteria to be applied in determining whether established goals and objectives are achieved.
(f) The evaluation plan shall be reviewed and updated at least annually.
(g) The evaluation plan shall be available to all personnel of the facility as well as the department,
(h) The results of the evaluation process should become a part of the continuous planning process.
(i) The results of the evaluation process shall be made available to all personnel of the facility as well as the department. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-11)

§11-98-08 Fees for licensing.
Appropriate fees as determined by the director in accordance with chapter 91, HRS, shall be charged by the department for obtaining a new license or obtaining a license renewal. Prior notice of the amount of the fee shall be provided the licensee. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-11)

§11-98-09 License suspension, revocation, termination.
(a) In addition to any other appropriate action to enforce this chapter, the director may initiate procedures for invoking fines as provided in chapter 321, HRS, or to withdraw the license after hearings held in accordance with chapter 91, HRS, or both.
(b) Infractions subject to subsection (a) include, but are not limited to:
(1) Operation of a special treatment facility without a license granted by the department.
(2) Substantive violations of this chapter which are found as a result of routine or unannounced

inspection of a special treatment facility which has a license.
(d) Any person violating this chapter shall be subject to the penalty provided in chapter 321, [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §§321-11, 321-18)

Publisher's note: section (c) is misnumbered as (d)

§11-98-10 Minimum standards for licensure; administrative and organizational plan.
(a) Every facility shall have and maintain a current written plan describing the philosophy, goals, and objectives of its program. This program shall be reviewed and evaluated periodically or at least annually.
(b) The plan shall also include a statement of the geographic area to be served, ages and kinds of residents to be served, anticipated average length of stay of its residents, and the limitations and scope of service for which the facility is established.
(c) A policy of nondiscrimination based on age, race, color, creed, or national origin relating to admission of residents shall be established. (d) A policy of nondiscrimination based on sex, age, race, color, creed, national origin, or physical handicap relative to the personnel policies and practices governing the hiring, promotion and dismissal of its staff shall be established.
(e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:
(1) Personnel policies, procedures and practices including the qualifications, duties and responsibilities for each staff position, hiring, suspension, dismissal, assignment, promotion, grievance procedures and other related personnel matters;
(2) Policies and procedures, and criteria relative to admission of residents to the program, dismissal and discharge;
(3) Policies and procedures governing the rights (legal, civil, and human) and responsibilities of the residents and the confidential nature of resident information;
(4) Procedures for handling complaints and grievances expressed by residents, persons, or agencies responsible for residents, and the public;
(5) A description of the facility's services available to residents and responsible parties or agencies and the public. It shall include services directly provided or contracted for by the facility. It shall also include arrangements for emergency medical transportation on a twenty-four hour basis;
(6) Terms of contractual agreements entered into with out side providers of services required in this chapter including the description of roles, responsibilities and authority of all parties involved;
(7) Policies and procedures and copies of written agreements for coordination and liaison between the facility and relevant community agencies, concerning the admission, treatment, discharge and follow up of residents;
(8) A description o£ the provisions for rendering emergency medical and psychiatric care, including the name, address, and telephone number of the physician;
(9) The facility shall submit a copy of its policy and procedures regarding the use of physical or chemical restraints. No physical or chemical restraints shall be used except as outlined in the policy and procedures and only following the approval of the policy and procedures by the director;
(10) Policies and procedures relative to general rules regarding residents' records, including:
(A) All entries shall be made in ink, be legible, dated and signed with first initial and last name;
(B) Symbols and abbreviations shall be explained in a legend;
(C) An area shall be provided for safe and easy access to residents' records;
(D) Residents' records shall be retained for five years after discharge or, if s state-owned facility, a period to comply with state law;
(E) Policies governing access by the resident and others, duplication of, and dissemination of information from the record;
(F) Policies protecting the confidentiality of resident information;
(G) Policies requiring written consent of the resident, if competent, or the resident's guardian for the release of information to persons and agencies not otherwise authorized to receive it;

(H) The facility's responsibility to secure the information under lock against loss, distribution, defacement, tampering, or use by unauthorized persons;
(f) Every facility shall maintain financial records, include an annual budget and its income and expenditures.
(g) New facilities shall document in writing assurances of funding sufficient to meet projected program costs, plus sufficient funds to cover the initial implementation costs.
(h) Each facility shall maintain statistical and other administrative records as provided in section 11-98-04. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §§321-10, 92E-2, 92E-4, 92E-5, 378-2, 622-57, Pub. L. 88-352 (1964) , Pub. L. 95-555 (1978))

§11-98-11 Minimum standards for licensure; personnel.
(a) An individual shall be designated as administrator who will be responsible for the overall operation of the program and facility. During periods of absences of the administrator, a designated staff member shall assume the responsibilities.
(b) An individual shall be designated as program director of the residential program.
(c) The administrator shall be responsible to provide staff in sufficient number and qualifications to meet the needs of the residents and to carry out the program's services and activities adequately. A minimum of one direct service staff to each eight residents is required. Whenever residents are in the facility, there shall be a responsible, designated, person in charge.
(d) The administrator shall be responsible to produce written statements as to the education, experience, and personal characteristics required to carry out adequately the assigned duties and responsibilities of each position employed by or arranged for by the facility. These written statements shall address the issue of demonstrated knowledge, skills, and attitudes regarding human relationships by staff that have direct contact with residents.
(e) There shall be documented evidence that every employee has a preemployment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to deter mine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.
(f) Skin lesions, respiratory tract symptoms, and diarrhea shall be considered presumptive evidence of infectious disease. Any employee who develops evidence of an infection must be immediately excluded from any duties relating to food handling or direct resident contact until such time as a physician certifies it is safe for the employee to resume such duties.
(g) If the tuberculin skin test is positive, a standard chest x-ray with appropriate medical follow-up must be obtained, as well as three subsequent yearly chest x-rays. Additional chest x-rays may be required at the discretion of the director.
(h) If the tuberculin skin test is negative, a second tuberculin skin test must be done after one week, but not later than three weeks after the first test. The results of the second test shall be considered the baseline test and used to determine appropriate treatment end follow-up. That is, if the second skin test is positive, then proceed, as above, with a chest x-ray which should be repeated as indicated in the previous paragraph (g) . If the second skin test is negative, a single skin test shall be repeated yearly until it becomes positive.
(i) When a known negative tuberculin skin test on a particular employee or resident converts to a positive test, it shall be considered a new case of tuberculosis infection and shall be reported to the department as required in chapter 11-164, relating to tuberculosis.
(j) The administrator shall arrange for clerical services to maintain records, correspondence, bookkeeping and files current and in conformity with acceptable business practice.
(k) The administrator shall arrange for staff development that includes orientation and training of all new staff and continuing educational opportunities for all staff. Volunteers, when ever utilized, shall be included in the orientation and training programs for staff or participate in orientation and training programs geared specifically to their needs.

(l) The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years. [Eff MAR 10 1986] (Auth: 321-9, 321-10) (Imp: HRS §§321-10, 92E-2, 92E-4, 92E-5, 378-2, 622-57, Pub. L. 88-352 (1964) , Pub. L. 95-555 (1978))

§11-98-12 Minimum standards for licensure; services.

Individual records shall be kept on each resident which contain the following:
(1) Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;
(2) A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;
(3) Information on any necessary special arrangements for emergency medical care;
(4) Information pertinent to special diet treatment;
(5) Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;
(6) Dental treatment documentation for any resident requiring dental care;
(7) Identification and summary information including resident's name, Social Security number, marital status, veteran's status, date of birth, sex, home address, telephone number of referral agency and next of kin or other legally responsible person;
(8) Within thirty days after admission, a written individualized rehabilitation plan rich specific objectives which are measurable and subject to evaluation shall be prepared by an appropriate rehabilitation staff in cooperation with each resident. The plans shall include:
(A) Those services planned for meeting the resident's needs.
(B) Referrals for services not provided by the program.
(C) How the resident viii participate in the development of the plan.
(D) Regular review and necessary update by staff and resident at least monthly.
(E) The staff person responsible for monitoring the plan implementation.
(9) Monthly observations of the resident's response to the rehabilitation plan;
(10) Observations of unusual response to medication or diet with evidence that a report to a physician was made immediately upon occurrence;
(11) Height and weight, which shall be recorded, upon admission and thereafter, quarterly;
(12) Any period of unauthorized absence from the facility;
(13) Any correspondence pertaining to the resident;
(14) A complete record of each medication utilized by the resident;
(15) Any significant change in the resident's behavior pattern noted at the time of occurrences-including date, time and action taken;
(16) Should vital signs be ordered by a physician, notations of temperature, pulse and respiration shall be recorded and the physician notified immediately in case of abnormality;
(l7) Complete financial records and monetary transfers between the residents and the facility;
(18) A discharge summary or a transfer summary including the following:
(A) The reason for the discharge or transfer, if identifiable. (B) Documentation that a guardian, when applicable, B2 has been notified prior to discharge or transfer. This provision may be waived in emergency situations but in this case the guardian must be notified as soon as practical. If the resident leaves without permission of the administrator, the guardian
shall be notified promptly.
(C) Current physical and emotional status report of the resident.
(D) Plans or goals for the resident.
(E) Current diet, medication, and activity as applicable. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §§321-10, 92E-2, 92E-4, 92E-5, 378-2, 622-57, Pub. L. 88-352 (1964) , Pub. L. 95-555 (1978))

§11-98-13 Rehabilitation program.
Rehabilitation services shall be appropriate to the individual in the facility and may include:
(1) Psychiatric services to provide care or program consultation;
(2) Psychological services to provide testing for individual assessment purposes, program evaluation and research;
(3) If the staff feels it to be advisable for a resident, or residents, to receive nutritional instruction, a dietitian shall be consulted;
(4) Social rehabilitation services to provide opportunities for individuals to learn social and self-care skills to foster independent living and which may include recreational, educational and vocational activities;
(5) Education services for children to provide and meet the scholastic requirements for school age children and youth;
(6) Counseling; and
(7) Ocher services to provide for planned leisure time activities and constructive therapeutic activities that enhance social and motor skills. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-10)

§11-98-14 Physical facility.
(a) The design and construction of each building or buildings comprising the facility shall meet the minimum requirements of the following codes:
(1) The county fire department codes;
(2) The county building, electrical, plumbing, and zoning codes; and
(3) Applicable rules of the department relating to sanitation
(b) Existing buildings.
(1) For any building which is being considered for this type of occupancy, the director may valve or modify any portion of the rules provided the exceptions do not create a hazard to residents, personnel or public.
(2) This section shall not prohibit the use of equivalent alternate space utilizations, new concepts of plan designs and new material or systems if written approval of such alternatives is granted by the department.
(c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. [Eff MAR 10 1986] (Auth: §§321-9, 321-10) (lmp: §§46-4, 62-34, 64-91, 65-71, 66-71, 70-71, 132-3, 321-10) §11-98-15

Research policy. A special treatment facility that includes human-subject research in its objectives or allows itself to be used as a resource for research shall have written policies and procedures encompassing the purpose and conduct of all research utilizing the program's staff, residents or services. The written policies and procedures shall require informed consent for all research activities. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-10)

§11-98-16 Resident's rights and responsibilities.
Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:
(1) Be fully informed, documented by signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules governing resident conduct: and
(2) Be fully informed, prior to or at the time of admission and during stay, of services available in or through the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: None)

§11-98-17 Repeal of rules.
All versions of chapter 12F, Public Health Regulations, as they existed on August 1, 1985, are repealed. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-10)

§11-98-18 to §11-98-49 reserved.
§11-98-50 Severability.
(a) If this chapter or the application thereof to any persons or circumstances is held invalid, the application of the remainder of the chapter to other persons or circumstances shall not be affected. [Eff MAR 10 1986] (Auth: HRS §§321-9, 321-10) (Imp: HRS §321-10)

APPENDIX 4

Example of Substance Abuse Treatment Provider Contract

SCOPE OF SERVICES

I. The PROVIDER shall provide twenty-four (24) hours, s even (7) days· a week treatment and supervision in a safe, sober, and therapeutic environment. This substance abuse treatment service provides the youth with integrated service planning to address the behavioral, emotional, and/or extended family problems, which prevent the youth from taking part in and/or community life. Services are provided in the context of a comprehensive, multidisciplinary, and individualized treatment plan based on the youth's clinical status and response to treatment. This program is designed for those youth in need of a structured program that includes on-site education, diagnostic, and substance abuse treatment services to enhance social skills and activities of daily living that cannot be provided in the community. The treatment primarily provides social, psychosocial, educational, rehabilitative training, and focuses on the extended family reintegration. Active extended family involvement through extended family therapy is a key element of reintegration into the home, school, and community life.

II. The PROVIDER shall:

A. Provide time-limited evidenced-based treatment interventions, milieu-based programming, educational programming, and activities designed to improve the functioning of the youth served with integrated substance abuse service planning.

B. Maintain a normalized routine, an orderly schedule, and therapeutic activities, designed to improve behavior and functioning, and support the development of daily living and independent living skills.

C. Provide opportunities for the youth to engage in age-appropriate structured recreational activities that support the development of positive social and

interpersonal skills.

D. Provide family-centered treatment that includes evidence-based interventions. Interventions shall be provided weekly and include individual, family, and group therapy in support of safely transitioning the youth to his/her home/community.

E. Provide medication administration and monitoring.

F. Coordinate with Department of Education to provide an on-site educational program that addresses the educational goals and objectives identified in the youth's Individualized Education Program as applicable.

G. Provide structured pre-vocational and vocational training activities as applicable.

H. Provide integrated individualized substance abuse counseling and education as indicated in the youth's plan.

I. Develop a documented treatment plan that identifies targets of treatment connected to realistic goals, objectives, and discharge criteria as part of the initial assessment process. Treatment plan shall also include information from the pre-admission meeting, a safety plan, and a larger crisis plan to help identify interventions that are helpful in addressing target behavior. The treatment plan shall be evaluated and revised as necessary as treatment proceeds and shall include the youth, extended family, and other relevant treatment team members.

1. The crisis plan component of the treatment plan shall include a safety plan that identifies the youth's problematic behaviors, triggers, and preferred means of calming or regaining control. The safety plan is an essential component of the larger crisis plan. The safety plan is part of the treatment plan that articulates the youth's self-calming interventions consistent with treatment targets, goals, and objectives. The purpose of the safety plan is to help the youth regain control and avoid escalation into crisis and placement

out of the program into more restrictive programs.

2. The discharge component of the treatment plan shall be developed at time of admission and specify discharge criteria directly linked to behaviors or symptoms that resulted in the admission, time frame for discharge, and any aftercare resources needed to transition the youth to a less restrictive level of treatment.

J. Design treatment to include all members of the family, not just the specific youth through regular extended family therapy and therapeutic home passes.

K. With proper consent, if the youth is involved in treatment with another behavioral health provider(s), notify any other services of the youth's status to ensure care is coordinated.

III. The PROVIDER shall:

A. In conjunction with the Kauai Family Guidance Center, facilitate services and appropriate personnel that are not available through existing contracted services (examples include: transportation services, interpretive services, specific clinical services that are not available through contracted providers and special community programs or classes). The ancillary service must clearly support the youth's improved functioning in his/her home/community and/or prevent the likelihood of movement to a higher level of care.

IV. The PROVIDER shall:

A. Provide such services in accordance with the requirements of the County's Request for Proposal ("RFP"), RFP No. XX, dated XX. A copy of the RFP is on file at the County's XX office, XX address, and by reference is hereby made a part

of this Contract.

B. Provide such services in accordance with the provisions of the Provider's Proposal Application ("Application"), Proposal Number XX, due date XX. A copy of the Application is on file at County's XX office, XX address, and by reference is hereby made a part of this Contract. If there is a conflict between the States' RFP and the Provider's Application, the former shall control.

C. Provide services in accordance with the State's Child and Adolescent Mental Health Performance Standards ("CAMHPS"), dated effective July 1, 2012. A copy of the State's CAMHPS Manual is on file at the CAMHD, 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816, and posted on the CAMHD Resource Library web site: http://hawaii.gov/healthlmental-healthlcamhdllibrarvlwebs/camhps/camhps920ll.pdf and by reference is hereby made a part of this Contract.

D. Provide Educationally Supportive ("ES") Intensive Mental Health Service's CAR III, and Ancillary One on One in accordance with the service specifications described in Section 2 on page 2-11 and pages 2-13 and 2-14 of the RFP, and the service definitions described in the CAMHPS Manual in Section 2 Part B on pages 118 to 126 and pages 50 to 52.